

No. 2  
-12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30152**  
Registrar's No. **4084**

**FILED OCT 8 1946**

Registration District No. **149**

Primary Registration District No. **1002**

**1. PLACE OF DEATH:**

(a) County **Jackson**

(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **St. Joseph Hospital**  
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution **17 days**  
(Specify whether in this community years, months or days)

In this community **20 days**  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **California** (b) County **999**

(c) City or town **Modesto**  
(If outside city or town limits, write "RURAL")

(d) Street No. **226 Rosemont**  
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No) **2**  
If yes, name country.

**3. (a) PRINT FULL NAME** **MRS. MARGARET MARY BARRETT**

3. (b) If veteran, name war **XX no**

3. (c) Social Security No. **None**

4. Sex **Fe** / 5. Color or race **Wh**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **George F. Barrett**

6. (c) Age of husband or wife if alive **68** years

7. Birth date of deceased **November 6 1883**  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Sept.** day **26**  
year **1946** hour **2:** minute **30** A. M.

21. I hereby certify that I attended the deceased from **9-26** to **9-26** 19**46**  
and that death occurred on the date and hour stated above.

I last saw her alive on **9-26** 19**46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia** Duration

**8. AGE:**

Years	Months	Days	If less than one day
<b>62</b>	<b>10</b>	<b>20</b>	hr. min.

Due to **Ca. of Uremia**

Due to **extension of Uremia to trigone**

Other conditions **Uremia**  
(Include pregnancy within 3 months of death)

Major findings: **480**

Of operations

Of autopsy

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

9. Birthplace **Cottonwood Falls Kansas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **John Randall**

13. Birthplace **No Record**

14. Maiden name **Elizabeth Garland**  
(State or foreign country)

15. Birthplace **No Record**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Geo. F. Barrett**

(b) Address **Modesto, California**

17. (a) **Burial** (b) Date thereof **9-30-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park, KC Mo.**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work ( ) (c) Means of injury ( )

23. Signature **James E. Wagner** (M. D. or other)  
Address **2211 W. 10th St. Kansas City, Mo.** Date signed **9/26/46**

18. (a) Signature of funeral director **J. W. Wagner**  
**Kansas City, Mo.**

(b) Address

19. (a) **9-27-46** (b) **Alma E. Holmes**  
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1711  
V 4 2223

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Cecil R. Matthes  
Licensed Embalmer No. 3807  
P. O. Address Kansas City, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**