S. No. 2
1—12-45
v. 5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1 1947

Registration District No. 1

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 8897

Registrar's No. 1310

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: 3511 Olive
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community 22 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3511 Olive 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Virginia E. BARR

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Charles S. Barr

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

7. Birth date of deceased September (Month) 19 (Day), 1866 (Year)

8. AGE:

Years	Months	Days	If less than one day
80	7	2	hr. min.

9. Birthplace Shelby County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At home

FATHER
12. Name Pleasant B. Carroll
13. Birthplace Shelby County, Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Frances C. ---
15. Birthplace Shelby County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Kenneth L. Barr

(b) Address 3511 Olive, K. C., Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-21-47 (Month) (Day) (Year)

(c) Place: burial or cremation Shelbyville, Mo. Eylar

18. (a) Signature of funeral director Mellody-McGilley-Eylar

(b) Address Kansas City, Mo.

19. (a) 3-21-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 21
year 1947 hour 8 minute 05 A. M.

21. I hereby certify that I attended the deceased from 3 Mch 1947 to 21 Mch 1947
that I last saw her alive on 18 Mch 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Central Hemorrhage	18 days
Due to Arteriosclerosis	5 yrs ±
Due to	
Other conditions none (Include pregnancy within 3 months of death)	830
Major findings: Of operations None performed	
Of autopsy None performed	

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

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? (e) Means of injury

23. Signature F. H. Wakefield (M. D. or other) M.D.
Address 2004 Bryant Bldg. Date signed 21 Mch
K.C. 6 Mo. 47

(Licensed Embalmer's Statement on Reverse Side)

Dr. Wheefield

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 Russell N France

Licensed Embalmer No. 4255

P. O. Address K C 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.