

FILED MAR 21 1947

Registration District No. 197

Primary Registration District No. 1002

Registrar's No. 914

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:
1229 Tracy Avenue
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether years, months or days) 34 Years

3. (a) PRINT FULL NAME Elizabeth Barrett

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Clyde Barrett 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased May 12, 1899
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>9</u>	<u>15</u>	hr. min.

9. Birthplace Emerson, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name John Douglas

13. Birthplace Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Brown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Lena Henderson

(b) Address 2449 Highland Avenue

17. (a) Removal (b) Date thereof 3/4/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Emerson, Arkansas

18. (a) Signature of funeral director Wolfgang Bros

(b) Address 1729 Lydia Avenue

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 1229 Tracy Avenue
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28th
 year 1947 hour..... minute 11:25A

21. I hereby certify that I attended the deceased from 7-1-46
, 19....., to 2-28- 19.....
 that I last saw her alive on 2-28
 and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of Maxillary Glands + Cervical glands 2 yrs
Extensive work
primary in maxillary glands
 Other conditions none
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
 Of operations none 45-2
 Of autopsy none

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) no
 (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?
no

While at work?.....
(Specify type of place) (e) Means of injury no

23. Signature J. J. [Signature] (M. D. or other)
 Address 2102 E 15th Rd

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

MOTHER, FATHER

D. W. Mills

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.....

D. Jerome Manlove

Licensed Embalmer No.....

3994

P. O. Address.....

500 Highland

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.