

MISSOURI DIVISION OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **3230**

**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:  
K.C. General Hospital No. 1 0  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 day  
 (Specify whether years, months or days) 44 YEARS.

**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. 1441 Indep. Avenue **8**  
 (If rural, give location) **0**  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Alvin T. Barnett

3. (b) If veteran, name war No 3. (c) Social Security No. 498-30-5083

4. Sex MALE 0 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED  
 6. (b) Name of husband or wife MRS. NETTIE BARNETT 6. (c) Age of husband or wife if alive --- years  
 7. Birth date of deceased AUGUST 29 1974  
 (Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 78 If less than one day hr. min.

9. Birthplace GRAFTON WISCONSIN  
 (City, town, or county) (State or foreign country)

10. Usual occupation RETIRED DENTIST

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name GEORGE WASHINGTON BARNETT **7**  
 13. Birthplace UNKNOWN **7**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name MARGARET SMITH **4**  
 15. Birthplace SCOTLAND **4**  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Luther L. Love  
 (b) Address 1302 My Rd. R.R. 2, K.C. Kansas  
 17. (a) BURIAL (b) Date thereof AUGUST 9, 1948  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation MEMORIAL PARK CEMETERY

18. (a) Signature of funeral director D. H. Newcomer's Sons  
 (b) Address 1401 Brushy Creek Blvd

19. (a) 8-9-48 (b) Seraldine Holmes  
 (Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug. day 7th  
 year 1948 hour 1 minute 05 A. M.

21. I hereby certify that I attended the deceased from 8-6-48, 19---, to 8-7-48, 19---;  
 that I last saw h. alive on 8-7-48, 19---;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Vascular accident

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 83a

Of autopsy See above

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? \_\_\_\_\_

While at work? (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Lucas [Signature] (M. D. or dentist)  
 Address C. Gen. Hospital K.C. Mo. 8-7-48  
 Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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**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 Emile M. Calhoun  
Licensed Embalmer No. 3506  
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.**