

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

19500

**1. PLACE OF DEATH**

County Jackson

Registration District No. 399

Township Kaw

Primary Registration District No. 2002

City Kansas City (No. 3106 Park Ave)

File No. 1 2496  
Registered No. 2496  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 3106 Park Ave St. 13 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 4 mos. \_\_\_\_\_ ds. How long in U.S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH** Saturday

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 14 1930

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 11:30 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Coronary Sclerosis

CONTRIBUTORY (SECONDARY) 948  
9113  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS Autopsy  
by (Signed) Stanley M. West  
6/15 1930 (Address) Deputy Coroner

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hoberg Mo. DATE OF BURIAL June 16 1930

20. UNDERTAKER Clyde Funeral Home 1800 Linwood  
ADDRESS \_\_\_\_\_

3. SEX female

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ernest Linwood Barr

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 22 - 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
60 1 22

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work home  
(b) General nature of industry, business, or establishment in which employed (or employer) wife  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centerville Iowa

10. NAME OF FATHER Wm. Packard

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

12. MAIDEN NAME OF MOTHER Margaret Weiringer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Centerville Iowa

14. INFORMANT Bert C. Stearns  
(Address) 3304 Bales

15. FILED 16, 1930 M. M. Crowe  
REGISTRAR Assn

STATE OF MISSOURI - DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS - CERTIFICATE OF DEATH - 1930

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