

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

5543
Do not use this space.

REC'D MAR 14 1938

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002 Registered No. 609
(c) City Kansas City, Mo. (d) Street No. St. Joseph Hospital, K.C. Mo. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mary Addie Barton, 635
(a) Residence, No. 431 North Olive Str., K. C. Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Phillip P. Barton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 17th, 1863

7. AGE YEARS 74 MONTHS 9 DAYS 19 IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housework
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

FATHER 13. NAME J. S. Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Sallie Houston

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) D. W. Barton, 202 East 6th, Str. Kansas City, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE Feb. 8th, 1938

19. FUNERAL DIRECTOR (ADDRESS) Mrs. C. L. Forster, Kansas City, Mo.

20. FILED Feb 7 1938 M.M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 6th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 22 1938 to Feb 6 1938.
I last saw her alive on Feb 6 1938. Death is said to have occurred on the date stated above, at 5:25 A.M.
The principal cause of death and related causes of importance were as follows:

Empyema of Gallbladder
Subdiaphragmatic Abscess
Date of onset Jan 21-38
127
Other contributory causes of importance: Arteriosclerosis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) R. L. St. Clair, M. D.
(Address) 5242 S. Main

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed _____

Licensed Embalmer No. _____

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.)

101
D. Taylor
Dec 01 23