

REC'D APR 17 1939

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

9368

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 2 Registration District No. 395
 (b) Township New Primary Registration District No. 1002 Registered No. 974
 (c) City Kansas City 1 (d) Street No. 7217 Belleview 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

(a) Residence, No. 630 Eric Frank Barth 7217 Belleview 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>L</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 12, 1938</u>		
7. AGE	YEARS	MONTHS
	<u>1</u>	<u>0</u>
		DAYS
		<u>18</u>
		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.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) <u>Tulsa</u> (STATE OR COUNTRY) <u>Okl</u>		
FATHER	13. NAME <u>John A Barth</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Tulsa</u> (STATE OR COUNTRY) <u>Okl</u>	
MOTHER	15. MAIDEN NAME <u>Alice C. Halmgren</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Sedalia</u> (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT (ADDRESS) <u>Fred F. Halmgren</u> <u>7217 Belleview</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>MT. WASHINGTON</u> DATE <u>March 4 1939</u>		
19. FUNERAL DIRECTOR (NAME) <u>M. Newcomer Sons</u> (ADDRESS) <u>Brushcreek & Paseo</u>		
20. FILED <u>3/4 1939</u> <u>M. M. Crowe</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 2 1939

22. I HEREBY CERTIFY That I attended deceased from October 1938 to Mar 2 1939
 I last saw him alive on 10 A.M. 3/1/1939. Death is said to have occurred on the date stated above, at 1:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Incarceration / streptococci infection of Pancreas
 Date of onset March 1 1939

Other contributory causes of importance: 12 1/2

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? no

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.....
 (Signed) F. W. Lindberg M.D. M. D.
 (Address) 2 W 34 1/2 St. W.C. Mo.

2
376
176
The embalmer

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 *W. Newcomer Jr*

Licensed Embalmer No. *4043*

P. O. Address.....

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, above space should be left blank.