

DEC'D MAY 10 1939

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

13758

Do not use this space.

1512

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Ken Primary Registration District No. 1002
(c) City Kansas City, Mo. (d) Street No. Mary Street Registered No. 1512
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(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 Bette Jean Barnard

(a) Residence, No. _____ St. Missouri City, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</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 <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 12 - 1924</u>		
7. AGE YEARS <u>14</u>	MONTHS <u>8</u>	DAYS <u>25</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>School</u>		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as saw mill, bank, etc.		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City, Mo.</u>		
13. NAME <u>Walter H. Barnard</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>K.C., Mo.</u>		
15. MAIDEN NAME <u>Rosa Smith</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pepton, Mo.</u>		
17. INFORMANT <u>Walter H. Barnard</u> (ADDRESS) <u>Mo. City, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Missouri City, Mo.</u> DATE <u>4/10</u> 19 <u>39</u>		
19. FUNERAL DIRECTOR (NAME) <u>H. Sillit</u> (ADDRESS) <u>901 East 5th</u>		
20. FILED <u>Apr 9</u> 19 <u>39</u> <u>M. M. Brown</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/7/39 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 1939
I last saw him alive on _____, 1939. Death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:
Septic Malaria
Septicemia 59

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis Autopsy Was there an autopsy Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1939
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) [Signature] M. D.
(Address) [Signature]

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.....

Licensed Embalmer No.....

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.