REC'D AUG 7 1939

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

24632
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 2 Registration District No. 399

(b) Township Kaw 1 Primary Registration District No. 1004 Registered No. 2845

(c) or City K. C. Mo. (d) Street No. 3743 Washington 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 1116 James Morton Barber

(a) Residence, No. 3743 Washington St. ☐
(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: Male
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 Mrs. Margaret L. Barber

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 20, 1865

7. AGE: Years 73 | Months 10 | Days 23 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
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) (STATE OR COUNTRY) Edgarton, Ohio Williams County 1

FATHER
13. NAME James Axwell Barber 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York 1

MOTHER
15. MAIDEN NAME Christiana Butler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs. Margaret L. Barber 3743 Washington

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE July 17, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John W. Wagner Kansas City, Mo.

20. FILED July 16, 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1935 to July 13, 1939
I last saw him alive on July 12, 1939. Death is said to have occurred on the date stated above, at 4:15 m. pm
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Heat exhaustion	7-11-39
1311	

Other contributory causes of importance:

Hypertension	about 1933
Prostatic hypertrophy	?
Chronic nephritis	?

Name of operation ..... Date of .....
What test confirmed diagnosis? Rab. 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? No.
If so, specify .....
(Signed) A. M. Ziegler M.D.
(Address) 201 Pedga Theatre Bldg.

(Licensed Embalmer's Statement on Reverse Side)

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.

Dr. A. M. Ziegler
Plaza Theatre Bg.,
LO 2800

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 Cecil P. Matthes

Licensed Embalmer No. 3807

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.