S. No. 2
—11-10-39
5-17-39
P I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5344

Registration District No. FILED MAR 11 1940 Primary Registration District No. 1002 Registrar's No. 569

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3329 South Benton (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution --- (Specify whether) In this community 15 Years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 3329 South Benton (If rural, give location)

(e) If foreign born, how long in U. S. A.? --- years.

3. (a) PRINT FULL NAME Mrs. Almeda Virginia Barnard

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mr. William Barnard

6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased July (Month) 4 (Day) 1860 (Year)

8. AGE: Years 79 Months 7 Days 2 If less than one day ... hr. ... min.

9. Birthplace St. Charles (City, town, or county) Missouri (State or foreign country)

10. Usual occupation At Home

11. Industry or business ---

FATHER 12. Name Unknown Mooney

13. Birthplace (City, town, or county) Unknown (State or foreign country)

MOTHER 14. Maiden name Unknown

15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Richard Gregory

(b) Address 3329 South Benton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 8, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation LaCygne, Kansas

18. (a) Signature of funeral director O. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) Feb 7, 1940 (Date received local registrar) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6th year 1940 hour 3 minute 15 A. M.

21. I hereby certify that I attended the deceased from Feb. 5, 1940 to Feb. 6, 1940 that I last saw her alive on Feb. 5, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary hemorrhage	1 hr.
Due to: Bronchiectasis	
Due to: Hypertension due to chronic nephritis	1 yr.
Other conditions (Include pregnancy within 3 months of death): X	
Major findings: Of operations: X	
Of autopsy: X	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) X

(b) Date of occurrence X

(c) Where did injury occur? X (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work X (e) Means of injury X

23. Signature [illegible] (M. D. or other)

Address 204 [illegible] Date signed Feb 7/40

(Licensed Embalmer's Statement on Reverse Side)

2045 Broadway
11-1, 4-6

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 H O Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K C Mo

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.