DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1940

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 5589

Registrar's No. 814

1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution: Little Sisters of the Poor (If not in hospital or institution, write street number or location) 3

(d) Length of stay: In hospital or institution: 1 month 10 days (Specify whether years, months or days)

In this community: 1 Month 10 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Kansas (b) County: Wyandotte

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

(d) Street No.: 550 Central Ave (If rural, give location)

(e) If foreign born, how long in U. S. A.? 59 years.

3. (a) PRINT FULL NAME: MICHAEL J. BARRY

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: ✓

4. Sex: Male

5. Color or race: White

6. (a) ~~Single~~, ~~widowed~~, married, ~~divorced~~: Married

6. (b) Name of ~~husband~~ or wife: Queenie Ellen Barry

6. (c) Age of ~~husband~~ or wife if alive: 68 years

7. Birth date of deceased: August (Month) 24 (Day) 1859 (Year)

8. AGE: Years 80 Months 5 Days 27 If less than one day ____ hr. ____ min.

9. Birthplace: Ireland (City, town, or county) (State or foreign country)

10. Usual occupation: Beef Butcher Retired

11. Industry or business: Armour Packing Co

MOTHER FATHER

12. Name: Joseph Barry

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

14. Maiden name: Katherine Mannafay

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

16. (a) Informant's own signature: Queenie Ellen Barry

(b) Address: 550 Central ave Kans City Kans

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feby 24 1940 (Month) (Day) (Year)

(c) Place: burial or cremation: St. Johns Cemetery

18. (a) Signature of funeral director: John Stine

(b) Address: 340 North 6th St. K.C.K.

19. (a) Feb. 23, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21 year 1940 hour One minute 20 P. M.

21. I hereby certify that I attended the deceased from Jan 31, 1940 to Feby 21, 1940 that I last saw him alive on Feb 20, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Cardio Renal Disease	
Due to: Arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: None	

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): No

(b) Date of occurrence: —

(c) Where did injury occur? (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? (e) Means of injury: —

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

Address: 760 Central Date signed: 2/21/40

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-17-39 1 X19511

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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 Amelia Stine

Licensed Embalmer No. 4113

P. O. Address 340 N. 6th Kansas City,

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.