

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **30925**  
**3488**  
Registrar's No.

Registration District No. **399** Primary Registration District No. **1002**

1. PLACE OF DEATH:  
(a) County **Jackson**  
(b) City or town **Kansas City**  
(c) Name of hospital or institution: **3502 East 25**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **27 years**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Joseph S. Barnes**  
3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Florence Barnes** 6. (c) Age of husband or wife if alive **73** years  
7. Birth date of deceased **May 14 1868**  
(Month) (Day) (Year)

8. AGE: Years **72** Months **3** Days **21** If less than one day hr. min.

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

10. Usual occupation **Retired Carpenter**

11. Industry or business  
12. Name **John Barnes**  
13. Birthplace **Illinois**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Lucinda Sims**  
15. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Herbert Clark**  
(b) Address **3502 East 25, K. C. Mo.**

17. (a) **Burial** (b) Date thereof **9-7-1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Mt. Washington**

18. (a) Signature of funeral director **J. J. O'Donnell Co.**  
(b) Address **3256 Broadway, K. C. Mo.**

19. (a) **Sept. 6, 1940** (b) **M. M. Brown**  
(Date received local registrar) (Registrar's signature)

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. **3502 East 25**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Sept.** day **5** year **1940** hour \_\_\_\_\_ minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from **1939-Jan** and that death occurred on the date and hour stated above.  
\_\_\_\_\_, 19\_\_\_\_, to **Sept. 4**, 19\_\_\_\_.

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.  
Immediate cause of death **Ca of prostate** Duration **2 yrs.**

Due to \_\_\_\_\_  
Due to **51**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **Ca. of Prostat.**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury **1**  
23. Signature **Robert M. Myers** (M. D. or other) **M.D.**  
Address **1025 Shields** Date signed **9-6-40**

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

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 Park G. Rowe

, Licensed Embalmer No. 2347

P. O. Address 74 E. Me

**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.**