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K21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Barnes

State File No. 31146

399

1002

Registrar's No. 3709

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Jackson,
(b) City or town Kansas
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Luke's Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution 2 days (Specify whether
In this community 20 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. 5537 Holmes St.,
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? No. years.

3. (a) PRINT FULL NAME Jewell Barnes,

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married,
6. (b) Name of husband or wife Mrs. Gotha Barnes, 6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased October 3, 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 11 20 .hr. min.

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

10. Usual occupation Retired,

11. Industry or business X

MOTHER FATHER { 12. Name August Barnes,
13. Birthplace Alabama,
(City, town, or county) (State or foreign country)
14. Maiden name Eugenia Everitt,
15. Birthplace Louisiana,
(City, town, or county) (State or foreign country)

16. (a) Informant Travis J. Barnes,
(b) Address 616 E. 70th St., K. C., Mo.

17. (a) Burial, (b) Date thereof 9-24-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery,

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 9-24-40 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23
year 1940 hour 2:27 minute P. M.

21. I hereby certify that I attended the deceased from
March 1940 to Sept 23 1940
that I last saw him alive on 9-23- 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 94 B

Major findings: 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

23. Signature Thos. H. Scofield (M. D. or other) 9/23/40
Address 315 Alameda Date signed

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

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address Ill. 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.