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FEB 13 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 1093

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 53

1. PLACE OF DEATH: Jackson  
(a) County: Jackson  
(b) City or town: Kansas City  
(c) Name of hospital or institution: 922 Linwood  
(d) Length of stay: In hospital or institution: 27 years  
In this community: 27 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State: Missouri (b) County: Jackson  
(c) City or town: Kansas City  
(d) Street No.: 922 Linwood  
(e) If foreign born, how long in U. S. A. 0 years

3. (a) PRINT FULL NAME: Mrs. Kate Barrett  
(b) If veteran, name war: XX  
(c) Social Security No.: None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan. day 5th  
year 1941 hour 9 minute 10 P. M.

4. Sex: Fe  
5. Color or race: Wh  
6. (a) Single, widowed, married, divorced: Widowed  
(b) Name of husband or wife: B. Frank Barrett  
(c) Age of husband or wife if alive: XX years  
7. Birth date of deceased: July 24 1858

21. I hereby certify that I attended the deceased from Dec 31 1940, to Jan 5 1941; that I last saw her alive on Jan 5 1941; and that death occurred on the date and hour stated above.

8. AGE: Years 82 Months 5 Days 11  
If less than one day hr. min.

Immediate cause of death: Chronic Myocarditis  
Due to: Hypertension  
Other conditions: Chronic Hepatitis  
Duration

9. Birthplace: Peru Illinois  
10. Usual occupation: At Home  
11. Industry or business:

PHYSICIAN  
Major findings: Of operations  
Of autopsy  
Underline the cause to which death should be charged statistically.

MOTHER FATHER {  
12. Name: Charles Huntoon  
13. Birthplace: No Record  
14. Maiden name: Emilie White  
15. Birthplace: No Record

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

16. (a) Informant: Marian Huntoon  
(b) Address: 922 Linwood  
17. (a) Burial (b) Date thereof: Jan 8 1941  
(c) Place: burial or cremation: Forest Hill Cemetery  
18. (a) Signature of funeral director: J. V. Wagner  
(b) Address: Kansas City, Mo.  
19. (a) Date received local registrar: Jan 6 1941 (b) Registrar's signature: M. M. Brown

23. Signature: Chas. F. Clark (M. D. or other)  
Address: Argyle Bldg. Date signed: 12-6-41

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

*Dr. Elmer F. Clark  
August 1924*

**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.....

*A. R. Harnschild*

Licensed Embalmer No. *4159*

P. O. Address. *Kansas City 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, fact should be so stated above.**