

FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1153

Registration District No. 299

Primary Registration District No. 1002

Registrar's No. 113

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: Kansas City General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 Years
(Specify whether 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. St. James Hotel-927 Locust St.
(If rural, give location)

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

3. (a) PRINT FULL NAME EDWARD B. BARBEE

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 Single

6. (b) Name of husband or wife -----

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

7. Birth date of deceased December ? 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>?</u>	<u>?</u>	hr. <u>-----</u> min. <u>-----</u>

9. Birthplace Unknown / Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Insurance Broker

11. Industry or business -----

MOTHER FATHER { 12. Name William J. Barbee

13. Birthplace Winchester / Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Matthews

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

16. (a) Informant Charles J. Barbee

(b) Address 610 Pierce St.

17. (a) Cremation (b) Date thereof Jan. 9, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D. W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) Jan 9 1941 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1-7-40 day 1-7-40 year ----- hour ----- minute ----- M.

21. I hereby certify that I attended the deceased from 8:35 P. to ----- 19----- ; that I last saw family alive on ----- 19----- ; and that ----- occurred on the date and hour stated above.

Immediate cause of death -----

Subarachnoid cerebral hemorrhage

fracture of the skull

Street car traumatism

(Include pregnancy within 3 months of death)

Major findings: Of operations 171

Of autopsy Yes 21

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) Accident 173

(b) Date of occurrence 1-7-41

(c) Where did injury occur? K.C. Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, or public place? Public place
Pedestrian struck by street-car
(Specify type of place)

While at work? -----

23. Signature ----- (M. D. or other) 3

Address K.C. Mo. 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 *C. Hervey Quisenberry*

Licensed Embalmer No. *4070*

P. O.-Address *PC 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.