No. 2
-4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 5716

COVER MAR 1 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 488

48
3
8

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

**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: Trinity Lutheran Hospital, (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 weeks, (Specify whether

In this community — years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Kansas, (b) County Johnson, 999 14 0

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

(d) Street No. 5016 Mission Road, (If rural, give location)

(e) If foreign born, how long in U. S. A.? no. 2 years.

3. (a) PRINT FULL NAME Mrs. Lydia J. Barr,

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed,

6. (b) Name of husband or wife Isaac N. Barr,

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

7. Birth date of deceased Dec (Month) 12 (Day) 1859 (Year)

8. AGE: Years 81 Months 1 Days 20 If less than one day hr. min.

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

10. Usual occupation at home,

11. Industry or business

FATHER
12. Name F. S. Bishop
13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Cathryn Wiseman
15. Birthplace (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Herbert Barr,

(b) Address Chicago, Illinois,

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 2-2-41 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery,

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 2-3-41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month February, day 2nd, year 1941 hour 3:45 minute A. M.

21. I hereby certify that I attended the deceased from 3-4-40, 19..., to 2-2-41, 19...; that I last saw her alive on 2-1-41, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema.

Due to Cerebral hemorrhage

Due to Hypertension & arterial sclerosis

Other conditions Paralysis L-side (Include pregnancy within 3 months of death)

Major findings: Of operations 82 P

Of autopsy 83 P

Duration

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)

(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 D

23. Signature Robert M Myers (M. D. or other) M D

Address 1025 Rialto Date signed 2-3-41

(Licensed Embalmer's Statement on Reverse Side)

Dr. Robert M. Myers,
Rialto Bldg
Vic 4751

## 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 Felix Renz

Licensed Embalmer No. 4127

P. O. Address Kansas City, Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**