

No. 2  
-1-4-41  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAY 16 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

13357

State File No. \_\_\_\_\_

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1338

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: at home  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community Over ten 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. 1809 Forest Ave  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Birdie Barnett  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. no

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month March day 19  
 year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

4. Sex Female Color Black race Negro  
 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: About 1876  
 (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

21. I hereby certify that I attended the deceased from Feb 27th 1941 to Mar 19 1941  
 that I last saw her alive on Mar 8th 1941  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death: Chronic Interstitial Nephritis Duration \_\_\_\_\_

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
About 65

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

9. Birthplace Illinois  
 (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_  
 10. Usual occupation House wife

Other conditions Myo-carditis  
 (Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_  
 12. Name Elisha Foggie  
 13. Birthplace Dont Know  
 (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_  
 14. Maiden name Dont Know Dont Know  
 15. Birthplace Dont Know  
 (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

Major findings: none  
 Of operations \_\_\_\_\_  
 Of autopsy none  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Walter C. Riddley  
 (b) Address 1809 Forest Ave

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof 4-5-1941  
 (Burial, cremation, or removal) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_  
 (c) Place: burial or cremation Lincoln Cemetery West Apt. 100  
 18. (a) Signature of funeral director Walter C. Riddley  
 (b) Address 1905 Pine St.  
 19. (a) Apr 5 1941 (b) M. M. Brown  
 (Date received local registrar) \_\_\_\_\_ (Registrar's signature) \_\_\_\_\_

23. Signature J. J. Suggenheim (M. D. or D. O. M.) \_\_\_\_\_  
 Address 2202 E. 18 Date signed Apr 5 41

(Licensed Embalmer's Statement on Reverse Side)

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

395  
2-3-39

**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. H. Frost  
Licensed Embalmer No. 2710  
P. O. Address Kansas City

**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.**