

FILED SEP 12 1941

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

3176

Registration District No. 397

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

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: St. Luke's Hospital,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 days,  
(Specify whether  
In this community 66 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. Rockhill Manor,  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? x 0 years.

3. (a) PRINT FULL NAME Mrs. Pearle Lee Barton,

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed,  
6. (b) Name of husband or wife James Southworth Barton, 6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased June 1 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 2 28 hr. min.

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

10. Usual occupation at home,

11. Industry or business x

MOTHER FATHER { 12. Name Oliver McWilliams,  
13. Birthplace Kentucky, (City, town, or county) (State or foreign country)  
14. Maiden name Catherine George,  
15. Birthplace Kentucky, (City, town, or county) (State or foreign country)

16. (a) Informant Miss Katharine Barton,

(b) Address Rockhill Manor, Kansas City, Mo.

17. (a) Burial, (b) Date thereof 8-25-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery,

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

(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 8/25/41 (b) M. M. Crown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24th  
year 1941 hour 12:30 minute A. M.

21. I hereby certify that I attended the deceased from Aug-22 1941 to Aug-24 1941;  
that I last saw her alive on Aug-23 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Hemorrhage  
Hypertension

Other conditions (Include pregnancy within 3 months of death)

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? \_\_\_\_\_

(Specify type of place) While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature J.P. Rayburn (M. D. or other) D  
Address 116 E. 12th St., K.C. Mo. Date signed 8/25/41

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

Dr. J. V. Bell,

*Pro-Bell*

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**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

*[Handwritten Signature]*

Licensed Embalmer No. *1415*

P. O. Address *W. C. M. O.*

**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.