

FILED SEP 12 1941 STANDARD CERTIFICATE OF DEATH

State File No. 27574

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3232

1. PLACE OF DEATH:

(a) County. JACKSON  
(b) City or town. HANSAAS CITY  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Kans. City Convalescent Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In ~~\_\_\_\_\_~~ or institution. \_\_\_\_\_  
In this community. 39 yrs. / 4 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Jackson 048  
(c) City or town. Independence 44  
(If outside city or town limits, write "RURAL")  
(d) Street No. 515 So Osage  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CHARLES S. BARRON

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, widowed. J divorced Widowed.  
6. (b) Name of husband or wife. Unknown 6. (c) Age of husband or wife if alive. \_\_\_\_\_ years  
7. Birth date of deceased. August 26, 1901 (Month) (Day) (Year)

8. AGE about 83 Years 5 Months 18 Days If less than one day hr. min.

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

10. Usual occupation. Carpenter, Retired.

11. Industry or business. \_\_\_\_\_

12. Name. Solomon BARRON

13. Birthplace. unknown (City, town, or county) (State or foreign country)

14. Maiden name. unknown (City, town, or county) (State or foreign country)

15. Birthplace. unknown (City, town, or county) (State or foreign country)

16. (a) Informant. Roy V. BARRON

(b) Address. 515 So Osage St.

17. (a) \_\_\_\_\_ (b) Date thereof. 8-28-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. MOUND GROVE.

18. (a) Signature of funeral director. CARSON FUNERAL HOME

(b) Address. 911 W. KENNINGTON, Independence

19. (a) 9/28/41 (b) M. M. Crown (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26 year 1941 hour 15:20 minute 26 M.

21. I hereby certify that I attended the deceased from 6-27-41 to 8-26-41 that I last saw him alive on 8-26-41 and that death occurred on the date and hour stated above.

Immediate cause of death. \_\_\_\_\_ Duration \_\_\_\_\_

Due to. Arteriosclerosis

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

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) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature. J. P. Laaryana (M. D. or other) \_\_\_\_\_ Date signed. 8-27-41

Address. 3200 W. 84th St. \_\_\_\_\_

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

2  
41  
39  
K26390

9520

*Harold W. ...*  
**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.....

Licensed Embalmer No. *3991*

P. O. Address *5725 ...*

**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.**

Registration District No. 399 6-27 Primary Registration District No. 1002

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: Convalescent Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community From June 27, 1941 to Aug. 28, 1941  
(Specify months, years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Jackson  
(c) City or town Independence  
(If outside city or town limits, write "RURAL")  
(d) Street No. 515 S. Page  
(If rural, give location)  
Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles S. Berrow  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced wid  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased \_\_\_\_\_ (Month) (Day) (Year)

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

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_ (City, town, or county) (State or foreign country)

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_ (b) Address \_\_\_\_\_

17. (a) Berrow (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_ (b) Address \_\_\_\_\_

19. (a) 8/28/41 (b) D. H. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month \_\_\_\_\_ Day \_\_\_\_\_ Year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw him/her alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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)  
(b) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

SUPPLEMENTARY

MOTHER FATHER

The first part of the report deals with the general situation in the country. It is noted that the economy is still in a state of depression, and that the government is facing a serious financial crisis. The report also mentions the political situation, which is described as unstable.

In the second part of the report, the author discusses the social conditions. It is stated that the majority of the population is poor, and that there is a high level of unemployment. The report also mentions the state of the education system, which is described as inadequate.

The third part of the report deals with the foreign relations of the country. It is noted that the country is in a difficult position, and that it is facing pressure from other countries. The report also mentions the role of the United Nations, which is described as being ineffective.

In the fourth part of the report, the author discusses the future of the country. It is stated that the country needs to undertake a series of reforms in order to improve its economic and social conditions. The report also mentions the need for a more stable political situation.

The report concludes by stating that the country is in a state of crisis, and that it needs to take immediate action to address the problems. The author expresses a pessimistic outlook for the future, unless the government is able to implement the reforms mentioned in the report.