S. No. 2
I—9-4-41
. 5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1073 90

Registration District No. 399 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: 3623 Jefferson Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution --
(Specify whether
In this community 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3623 Jefferson Street 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country ------

3. (a) PRINT FULL NAME Mrs. Clara Belle Barnes

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife William G. Barnes

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

7. Birth date of deceased February (Month) 28 (Day) 1868 (Year)

8. AGE: Years 73 Months 10 Days 13 If less than one day hr. min.

9. Birthplace Chicago / Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business At Home

FATHER
12. Name John Sheldon
13. Birthplace Chicago / Illinois
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Millicent Diver
15. Birthplace Rochester / New York
(City, town, or county) (State or foreign country)

16. (a) Informant Philip Sheldon Barnes
(b) Address 200 Cengate Ca

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 9, 19 42 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director O. F. Kuromura Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 1-9-42 (Date received local registrar) (b) M. M. Cone (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7 th year 1942 hour 6 minute 00 A.M.

21. I hereby certify that I attended the deceased from Jan 7 - 1942, 19..., to Jan 7 1942, 19...; that I last saw her alive on Jan 7 1942, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Auricular Fibrillation — Duration ?

Due to Chr. myocarditis — ?

Due to 930

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)
(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 W. R. Jackson M.D. (M. D. or other)
Address Bryant Bldg. Date signed 1/7/1942

(Licensed Embalmer's Statement on Reverse Side)

Ale W.R. Jackson
Bryant Bldg
1-5

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. 4643

P. O. Address K. C. 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.