

Registration District No. 399

Primary Registration District No. 1062

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: The Major Clinic
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 29 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME EDWARD C. BARR

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male (1) race white

5. Color or race white

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

6. (b) Name of husband or wife Elna Harris Barr

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased May 29 1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>7</u>	<u>27</u>	hr. _____ min. _____

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

10. Usual occupation Laborer

11. Industry or business general

MOTHER FATHER { 12. Name Sam Barr

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

14. Maiden name Mattie Baldwin

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

16. (a) Informant Mrs. E. C. Barr

(b) Address Belton Mo.

17. (a) Burial (b) Date thereof Jan. 28, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belton, Mo.

18. (a) Signature of funeral director E. F. Gomez

(b) Address Belton Mo.

19. (a) 1/27/42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cass

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

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26th
year 1942 hour One minute 9 M.

21. I hereby certify that I attended the deceased from Dec 28th, 1941, to Jan 26th, 1942, that I last saw him alive on Jan 25th, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Diffuse Multiple Telangiectasis, Endothelioma, Sarcoma

Due to Hereditary Multiple Telangiectasia

Other conditions —
(Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy Same as above

Duration many years

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? —

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

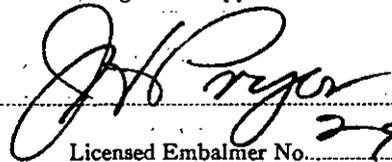
23. Signature Herman Major (M. D. or other)
Address 3100 Euclid Ave N.C. Mo. Date signed 1/26/42

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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..... 

Licensed Embalmer No. 2995
HC

P. O. Address.....

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.