

S. No. 2
M-9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 8 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9477**
Registrar's No. **1241**

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3747 Brooklyn Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None**
(Specify whether years, months or days) **35 Yrs.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **048**
(c) City or town **Kansas City Mo.** **3**
(If outside city or town limits, write "RURAL") **8**
(d) Street No. **3747 Brooklyn Ave.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **D**

3. (a) PRINT FULL NAME **Mrs. Katherine W. BARNES.**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Herbert B. Barnes** 6. (c) Age of husband or wife if alive **52** years
7. Birth date of deceased **May 8th, 1889** (Month) (Day) (Year)

8. AGE: Years **57** Months **54** Days **10** **21** If less than one day hr. min.

9. Birthplace **Atlantic** (City, town, or county) **Iowa** (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business **At Home**

12. Name **John Maher**

13. Birthplace **Ireland** (State or foreign country) **4**

14. Maiden name **Bessie Carney** (State or foreign country)

15. Birthplace **Ireland** (City, town, or county) (State or foreign country) **4**

16. (a) Informant **Herbert B. Barnes.**

(b) Address **3747 Brooklyn Ave.**
17. (a) **Burial** (b) Date thereof **3-31-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Cemetery**

18. (a) Signature of funeral director **Melody-McGilley.**

(b) Address **K.C. Mo.**

19. (a) **3-30-42** (b) **M. M. Crowl**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **29th**
year **1942** hour **12** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **About** **1938** to **March 29, 1942**
that I last saw **her** alive on **March 28, 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death. **Hemorrhage in lower**

bowel (hemorrhoids?)
Due to **Syphilis of Central Nervous System**

Due to **Tertiary Syphilis**

Other conditions **10 yrs.**
(Include pregnancy within 3 months of death)

Major findings: **25%**
Of operations **11**

Of autopsy **No** **309**

Duration

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 **J. J. [Signature]** (M. D. or other)
Address **[Signature]** Date signed **3/30/42**

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

48
893

361

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. *2877*.....

P. O. Address..... *KS*

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.