. S. No. 2
—11-10-39
v. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9472

FILED MAR 26 1942

Registration District No. 399 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson County

(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:
Building 2040 McGEE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community About nine years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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(a) State Missouri (b) County Jackson

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

(d) Street No. 2040 McGee
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Radley Radford Egbert Barnes

3. (b) If veteran, name war Regular Army

3. (c) Social Security 486-05-0379

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 4 (Day) 1899 (Year)

8. AGE: Years 43 | Months | Days | If less than one day hr. min.

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

10. Usual occupation Watchman when murdered

11. Industry or business

FATHER
12. Name Radley Radford Barnes
13. Birthplace Crofton, Ky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Edith Alice Egbert
15. Birthplace Crofton, Ky (City, town, or county) (State or foreign country)

16. (a) Informant Papers in deceased, s room

(b) Address

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof Feb 27-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director Thomas J. Steinbacher

(b) Address 3146 Main St

19. (a) 3/24/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from Deputy Coroner, 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Fracture of the Skull	
Due to Blow on Head	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 168	
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) Homicide

(b) Date of occurrence Donot Know

(c) Where did injury occur? Kansas City (City or town) Jackson (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (b) Means of injury Blow on Head

23. Signature Russell W. Kern (M. D. or other)

Address Date signed

361

(Licensed Embalmer's Statement on Reverse Side)

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 me, Registered Apprentice No. —, working under my personal supervision.

Signed Thomas J. Steinbacher

Licensed Embalmer No. 3930

P. O. Address Kansas City 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, above space should be left blank.

State of Mo
County of Jackson } ss.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No.
Local Registrar's No. 883

On this 23 day of March, 1942, before me appears Dr Russell N Ker, who, upon his oath, states that the original record of ~~birth~~ death for Radley Radford Zybur Barnes, ~~born~~ died February 22, 1942, in the State of Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 20 should read February 22, 1942
Instead of February 20, 1942

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Russell N Ker
~~Relationship~~ Deputy Coroner
St Joseph Hospital
Present Address

Subscribed and sworn to before me this 23 day of March, 1942

My Commission expires Dec 15-1944

James A Griffin
Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
25M-1-15-42
X31340

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