V. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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. 9474

FILED APR 1 1942

Registration District No. 1429 Primary Registration District No. 1002 Registrar's No. 1063

48
3
8

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: 2613 East 11th. Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 (Specify whether
In this community: 50 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 048
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No.: 2613 - E - 11th
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Frances Barry
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single 0
6. (b) Name of husband or wife: -----
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: March (Month) 9 (Day) 1856 (Year)

8. AGE: Years	Months	Days	If less than one day
86	0	5	hr. min.

9. Birthplace: (City, town, or county) New York (State or foreign country)
10. Usual occupation: Retired Teacher
11. Industry or business:
MOTHER FATHER
12. Name: John Barry
13. Birthplace: (City, town, or county) Ireland (State or foreign country)
14. Maiden name: Margaret Lowin
15. Birthplace: (City, town, or county) Ireland (State or foreign country)
16. (a) Informant: My Ryan
(b) Address: Kansas City Mo
17. (a) Burial: (Burial, cremation, or removal) (b) Date thereof: Mar. 16-1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cem
18. (a) Signature of funeral director: Mrs. C. R. Foster
(b) Address: 918 Brooklyn
19. (a) 3/16/42 (Date received local registrar) (b) M. M. Jerome (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14th. year 1942 hour 8 minute 30 A. M.
21. I hereby certify that I attended the deceased from December 11, 1941, to March 14, 1942; that I last saw her alive on March 14, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Passive pulmonary ædema	20 hr
Due to: chronic myocarditis with myocardial degeneration	15 yrs
Due to: chronic hypertensive disease	25 yrs
Other conditions: chronic nephritis (Include pregnancy within 3 months of death)	1 yr.

Major findings:
Of operations: 131 B
Of autopsy: none

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: 0

23. Signature: Dr. S. J. McCormell
Address: 145 Prospect Date signed: 3/14/42

561. (Licensed Embalmer's Statement on Reverse Side)

Dr. S.J.McCormick
1145 Prospect Be 3864

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 J. Claw Sheppard

Licensed Embalmer No. 4179

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.