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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 3 1942

Registration District No. 349

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20172

Primary Registration District No. 1002

Registrar's No. 2423

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: 1629 Mersington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 30 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1629 Mersington 8
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) (0)
If yes, name country

3. (a) PRINT FULL NAME: Mahala Barnes

3. (b) If veteran, name war: No.

3. (c) Social Security No. no

4. Sex: Fe.

5. Color or race: Wh.

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

6. (b) Name of husband or wife: John Barnes

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

7. Birth date of deceased: Dec. (Month) 25 (Day) 1853 (Year)

8. AGE: Years 88 | Months 5 | Days 28 | If less than one day: hr. min.

9. Birthplace: Lynn Creek (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation: None

11. Industry or business:

FATHER
12. Name: Isaac Ingrem
13. Birthplace: Unknown (City, town, or county) (State or foreign country) 0

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country) 0

16. (a) Informant: Otto Freeman
(b) Address: 1629 Mersington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 25-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Green Lawn

18. (a) Signature of funeral director: Eylar Funeral Home
(b) Address: 1800 Linwood K.C.Mo.

19. (a) 6-24-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 23 year 2 hour 20 minute P. M.

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

Immediate cause of death: Arteriosclerotic Heart disease.
Due to:
Due to: 9 J.D.
Other conditions (Include pregnancy within 3 months of death):

Duration

Major findings:
Of operations:
Of autopsy: Inspection

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: [illegible] (M. D. or other)
Address: K.C. Mo. Date signed: 6/28/42

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.