V. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

26337

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. .....

Registration District No. FILED SEP 11 1949 Primary Registration District No. 1002 Registrar's No. 3241

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: St. Mary's D (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Hospital 4 Days (Specify whether

In this community 4 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kans (b) County Johnson 999

(c) City or town Spring Hill (If outside city or town limits, write "RURAL") 14

(d) Street No. ..... (If rural, give location) 0

(e) Citizen of foreign country? NO (Yes or No) 2

If yes, name country .....

3. (a) PRINT FULL NAME Freda Mary Barenklau

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Fe 1

5. Color or race Wh

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Edward Barenklau

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

7. Birth date of deceased May (Month) 31 (Day) 1880 (Year)

8. AGE: Years 62 Months 2 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business .....

FATHER
12. Name Joseph Wilck
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

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

16. (a) Informant Mrs Everett Duffield

(b) Address Spring Hill, Kans

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-30-42 (Month) (Day) (Year)

(c) Place: burial or cremation ~~Removal~~ Spring Hill, Kans

18. (a) Signature of funeral director [signature]

(b) Address Spring Hill, Kans

19. (a) 8-30-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30 year 1942 hour 8:45 ~~minute~~ AM.

21. I hereby certify that I attended the deceased from 8-23-1942 ~~19~~ to 8-30 1942 that I last saw her alive on 8-29- 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to Embolus 61

Due to .....

Other conditions Diabetes Mellitus (Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy none performed

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? (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature C W Jones MD (M. D. or other) .....

Address Olathe Kan Date signed .....

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(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.