

FILED OCT 5 1942

Registration District No. _____ Primary Registration District No. _____

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:
Home 6008 E 12th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 27 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 6008 East 12th, Terr
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William D. Barnhardt
(b) If veteran, name war No
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 18th.
year 1942 hour 6:47 minute P.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rosie Barnhardt
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Nov. 25th, 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 28, 1942 to Sept. 18, 1942
that I last saw him alive on Sept. 17, 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 61 Months 9 Days 23
If less than one day _____ hr. _____ min.

Immediate cause of death Pulmonary edema Duration 2 days

9. Birthplace North Carolina
(City, town, or county) (State or foreign country)

Due to myocardial failure (cardiac infarct) 8 days
Due to coronary thrombosis 8 days

10. Usual occupation Dry Cleaning

Other conditions (Include pregnancy within 3 months of death) 94a

11. Industry or business For Self

MOTHER FATHER { 12. Name Ephrain Barnhardt
13. Birthplace North Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Mary Cline
15. Birthplace North Carolina
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Rosie Barnhardt
(b) Address 6008 East 12th Terr.

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? _____

17. (a) Burial (b) Date thereof Sept. 21, 42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Rose & Henderson
(b) Address Kansas City, Mo.
19. (a) 9/21/42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature C. E. Smith (M. D. or other) DO.
Address 2603 S. Maple St. Date signed 9-19-42

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

48
3
8

Duration
2 days
8 days
8 days

8

561

Kansas City, Mo.

OCT 21 1942

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.....

John B. [Signature]

Licensed Embalmer No. 9955

P. O. Address. J. C. [Signature]

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.