

FILED MAR 5 1943
Registration District No. 197

Primary Registration District No. 1002

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

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 K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community 20 Years (Specify whether 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. 746 Dittman
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME Verla Barber

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 Married

6. (b) Name of husband or wife Richard E. Barber 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased April 7 1909
(Month) (Day) (Year)

8. AGE: Years 33 Months 10 Days 17 If less than one day
hr. min.

9. Birthplace Kansas City Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Pleasant Hassler
13. Birthplace Mo. (City, town, or county) (State or foreign country)
14. Maiden name Zola Molding
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Richard E. Barber

(b) Address 746 Dittman

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-43
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address 918 Brooklyn

19. (a) 2-26-43 (Date received local registrar) (b) D. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24th
year 1943 hour 1 minute 20 P. M.

21. I hereby certify that I attended the deceased from 2-22-43 19 to 2-24-43 19;
that I last saw her alive on 2-24-43 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of larynx
H7a

Due to
Due to

Other conditions Pregnancy (approx. 8 months)
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy See above

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?

While at work? (Specify type of place) (e) Means of injury
23. Signature Dwight P. Thon (M. D. or other)
Address Med. Dir. K.C. Gen. Hospital Date signed

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 *Denzil O. Browning*

Licensed Embalmer No. *2724*

P. O. Address *H. C. ...*

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.