

FILED MAR 5 1943

Registration District No. 179

Primary Registration District No. 1002

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:  
3412 Campbell  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 3 Mo.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 3412 Campbell  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Teddy Joe Barker

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex male 5. Color or race wh. 6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife XX 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov. 13 1927  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

15 3 2 hr. min.

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

10. Usual occupation West Port High

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Louis H. Barker

13. Birthplace Urich Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Floy Moon

15. Birthplace Huntsville Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Louis H. Barker

(b) Address 3412 Campbell

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

(c) Place: burial or cremation Oak Hill (Butler)

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Linwood K.C. Mo.

19. (a) 115743 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15th  
year 1943 hour 7:50 am minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from January 8th 1943, to July 12th 1943;  
that I last saw him alive on July 12th 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death acute Endocarditis Duration 24 hrs.

Due to Chronic Cysto-Nephritis 6 yrs.

Due to 133a

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 oc. mae

23. Signature Harold L. Cook (M. D. or other) oc. mae

Address 3319 Campbell St. Date signed 2/15/43.

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

**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.....

*Chas Wilks*

Licensed Embalmer No. *2644*

P. O. Address. *1800 Lenwood*

**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.**