S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4992

FILED FEB 25 1943

Registration District No. 349

Primary Registration District No. 1002

Registrar's No. 617

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: 2443 Forest Ave (If not in hospital or institution, write street number or location)

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

In this community Five weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 8

(d) Street No. 2443 Forest Ave (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Mildred Barnes

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race 3 Negro

6. (a) Single, widowed, married, divorced 1 Married

6. (b) Name of husband or wife Willie B. Barnes

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased Sept. 9th. (Month) (Day) 1916 (Year)

8. AGE: Years 26 Months 4 Days 7/6 If less than one day hr. min.

9. Birthplace Haskell (City, town, or county) Oklahoma (State or foreign country) 1

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Mark Criner
13. Birthplace Waco (City, town, or county) Tex. (State or foreign country) 1

MOTHER
14. Maiden name Frances Eubanks
15. Birthplace Haskell (City, town, or county) Oklahoma (State or foreign country) 1

16. (a) Informant Willie B. Barnes
(b) Address 2443 Forest

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb. 6 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Muskogee Okla

18. (a) Signature of funeral director West, Appleton & Jones
(b) Address 905 Vine St.

19. (a) 2/6/43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5 year 1943 hour 3 minute 15 P. M.

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

Immediate cause of death Chr. Glomerular Nephritis

Due to Chr. Fibrous Myocarditis

Due to 131a

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes

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 L. Richardson (M. D. or other)

Address 1832 Vine Date signed 2-6-43

(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 D. H. West

Licensed Embalmer No. 2710

P. O. Address Kansas City

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.