

7. S. No. 2
FORM - 5-42
Rev. 5-17-39
X32873

8982

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 1501

Registration District No. 149

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:
3848 Olive
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 30 yrs (Specify whether 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")

(d) Street No. 3848 Olive
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Sam K. Baresow

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 24
year 1943 hour 9 minute 35 P.M.

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Rose

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased Not known
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Crown 19...
that I last saw him alive on 19...
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>38</u>	<u>-</u>	<u>-</u>	hr. min.

Immediate cause of death:
Punctate wound of the head
laceration of the brain

Due to 1640

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

10. Usual occupation Pensioned

11. Industry or business Police Officer

12. Name Joseph Baresow

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

14. Maiden name Mary Toll

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

16. (a) Informant A. N. Abrams

(b) Address K.C. Mo

17. (a) Burial (b) Date thereof 3-26-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheffield Cem

18. (a) Signature of funeral director J. P. Louis Funeral Home
(b) Address K.C. Mo

19. (a) 3-29-43 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy See above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence 3/24/43

(c) Where did injury occur? K.C. Mo. Jackson Co.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
about home trauma
(Specify type of place) (e) Means of injury by firearms

23. Signature Obeth (M, D, or other)

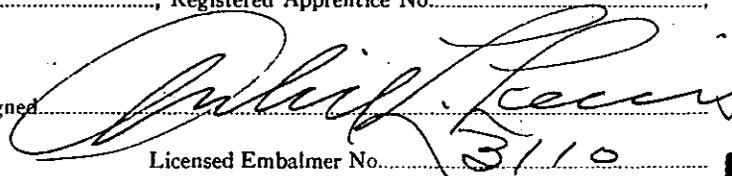
Address K.C. Mo. Date signed 3/25/43

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. 3110.....

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.