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ev. 5-17-39
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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

8984

State File No.

FILED MAR 31 1943

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 1382

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:
5001 Troost Avenue / 2nd Floor North
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -------
(Specify whether
In this community 55 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 0
(If outside city or town limits, write "RURAL")

(d) Street No. 5001 Troost Avenue-2nd Floor North
(If rural, give location)

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

If yes, name country ------- 0

3. (a) PRINT FULL NAME Miss Rena Barnstaff

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife -------

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

7. Birth date of deceased May (Month) 12 (Day) 1871 (Year)

8. AGE: Years 71 Months 10 Days 7 If less than one day ___ hr. ___ min.

9. Birthplace Jackson County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation At Home

11. Industry or business -------

FATHER
12. Name Unknown Barnstaff
13. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant James E. Shearer
(b) Address 2922 Bales Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 22, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director D. N. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 3-22-43 (Date received local registrar) (b) M. Mr Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th year 1943 hour 5 minute 50 P. M.

21. I hereby certify that I attended the deceased from Jan 20 - 1943, to Feb 19, 1943; that I last saw her alive on Feb 19, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration

Due to Chronic Nephritis

Due to 131 B

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 G C Remley 0 (M. D. ~~or other~~)

Address 832 Argyle Bldg Date signed 3-20-43

(Licensed Embalmer's Statement on Reverse Side)

832 Argyle Bldg.
11-4-38

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 H C Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K C Mo

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.