

FILED MAY 5 1943  
199

Registration District No. \_\_\_\_\_

Primary Registration District No. 1602

Registrar's No. 1627

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:  
3211 Montgall  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution X (Specify whether  
In this community Since 1900 years, months or days)

3. (a) PRINT FULL NAME Frank Lucian Barnes

3. (b) If veteran, name war no. 3. (c) Social Security No. 494-16-1644

4. Sex Male 5. Color or face White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Minnie W. Barnes 6. (c) Age of husband or wife if alive unk. years

7. Birth date of deceased February 21 1875  
(Month) (Day) (Year)

8. AGE: Years about 68 Months 1 Days 13 If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation Druggist & Pharmacist

11. Industry or business X

12. Name Frank Barnes

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

14. Maiden name Henrietta Hall (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Minnie W. Barnes

(b) Address 3211 Montgall, Kansas City, Mo.

17. (a) Removal (b) Date thereof 4-6-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty, Missouri

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 4-6-43 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

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. 3211 Montgall  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th  
year 1943 hour 7:40 minute A. M.

21. I hereby certify that I attended the deceased from 1-1-43 to April 4, 1943  
that I last saw him alive on April 1, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to 942

Due to Senile

Other conditions Senile  
(Include pregnancy within 3 months of death)

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

Of autopsy no

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 Edward (M. D. or other)

Address 3850 Project Date signed 4-5-43

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

MOTHER FATHER

Duration  
3 or 4 hrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

FEB 27 1950

Dr. Wyatt,

9-30

3850 Riverside

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 E. M. Plaut

Licensed Embalmer No. 1848

P. O. Address 74 E 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.