

S. No. 2
M-5-42
5-17-39
P I X3287

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20228

State File No.

Registrar's No. **2569**

FILED JUN 24 1943
Registration District No. **749**

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:
216 East 34th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **50 Years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

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

(d) Street No. **216 East 34th Street**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mrs. Mary Inez Barger**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Female**

5. Color or race **White**

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

6. (b) Name of husband or wife **Mrs. Robert H. Barger**

6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **December 26 1873**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
69	5	8	hr. _____ min.

9. Birthplace **Emporia Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **None - Housewife**

11. Industry or business **At Home**

MOTHER FATHER

12. Name **Byron E. Smith**

13. Birthplace **New Jersey**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth J. Shreck**

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

16. (a) Informant **Mr. Robert H. Barger**

(b) Address **216 East 34th Street**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **June 8, 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **Hill Mt. Moriah Cemetery**

18. (a) Signature of funeral director **D. W. Sharp, Inc.**

(b) Address **1401 Brush Creek Blvd**

19. (a) **6-7-43** (Data received local registrar)

(b) **M. M. Brown** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **4th**
year **1943** hour **11** minute **50P.** M.

21. I hereby certify that I attended the deceased from **June 1937**
June 1937 to **June 4 1943**
that I last saw her alive on **June 4th 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Hypostatic Pneumonia**

Due to **Cerebral Hemorrhage**

Due to **Chronic Myocarditis**

Other conditions: **93 D**
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy _____

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 **D. W. Sharp, M.D.** (M. D. or other)

Address **1712 - E - 55th St** Date signed **6/5-43**

1324/ma

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 Emile M. Calhoun
Licensed Embalmer No. 3506
P. O. Address T. 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.