

FILED JUN 24 1943
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: K.C. General Hospital No. 10
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since 10-31-42
(Specify whether years, months or days)

In this community 20 yr

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. 1107 E. 12th St.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Barton Duvall

3. (b) If veteran name war Don't know 3. (c) Social Security No. 440-18-1716

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive years

7. Birth date of deceased August 1st 1882
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>60</u>	<u>9</u>	<u>13</u>	<u>hr. min.</u>

9. Birthplace White Sulphur Springs West Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist

11. Industry or business

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Lida L. Beswick

(b) Address 2809 Olive street Kansas City Mo

17. (a) Burial (b) Date thereof June 2nd 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Mt. Washington

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th
year 1943 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from 10-31-42, 19 to 5-4-43, 19
that I last saw him alive on 5-4-43, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lung with metastases

Due to 47d

Due to a

Other conditions None
(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?

While at work? (Specify type of place) (a) Means of injury

23. Signature Dr. R. J. ... (M. D. or other)

Address Med Dir. K.C. Gen. Hospital Date signed 5-5-43

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.....

Wm. E. Browning

Licensed Embalmer No. 2724

P. O. Address. N. C. Rd

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.