

FILED AUG 11 1943

Registration District No. 119

Primary Registration District No. 1002

Registrar's No. 3281

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:
5213 Independence Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Years (Specify whether years, months or days)

In this community 2 Years (Specify whether years, months or days)

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. 5213 Independence Avenue
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Jenny Marion Barton

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, Widowed

6. (b) Name of husband or wife Mr. George P. Barton

6. (c) Age of husband or wife if alive 1 years 1867

7. Birth date of deceased November 1 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>8</u>	<u>27</u>	_____ hr. _____ min.

9. Birthplace Council Bluffs Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER

12. Name Nathan D. Foster

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

14. Maiden name Mariana Cook

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

16. (a) Informant Mrs. Leota F. Herbat

(b) Address 5213 Independence Avenue

17. (a) Burial (b) Date thereof July 29, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Falls City, Nebraska

18. (a) Signature of funeral director W. H. Newcomer, Inc.

(b) Address 1401 Brush Creek Blvd.

19. (a) 7-28-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28th year 1943 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov 1 1942 to July 27 1943 that I last saw her alive on July 27 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Supertension Cerebral Hemorrhage

Duration 5 hr 3

Due to 830

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy _____

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? _____

23. Signature P. E. Brown (Specify type of place) (Means of Injury)

Address 5242 E. 1st Date signed 7/28/1943

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

5242 H. John
3-5

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 *H. C. Newcomer Jr.*

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.