S. No. 2
OM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 22 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

40814

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5200

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. 1 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether

In this community 14 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3 (If outside city or town limits, write "RURAL") 8

(d) Street No. 1425 Central (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Elizabeth Barker

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female

5. Color or race w.

6. (a) Single, widowed, married, divorced 2 widow

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased April (Month) 7 (Day) 1865 (Year)

8. AGE: Years 83 Months 8 Days 3 If less than one day hr. min.

9. Birthplace (City, town, or county) Ky 1 (State or foreign country)

10. Usual occupation House work

11. Industry or business

FATHER
12. Name Douglas Hegikia
13. Birthplace (City, town, or county) Ky 1 (State or foreign country)

MOTHER
14. Maiden name Lucy White
15. Birthplace (City, town, or county) Ky 1 (State or foreign country)

16. (a) Informant K C Gen Hosp

(b) Address City

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec 10 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Liberty, Mo

18. (a) Signature of funeral director Mrs. E. L. Fowler

(b) Address K C Mo

19. (a) 12-10-43 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10 year 1943 hour 7 minute 20 A. M.

21. I hereby certify that I attended the deceased from December 4 1943 to December 10 1943 that I last saw her alive on December 10 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of left hip (Accidental fall in home) Senility

Due to 186

Due to 18

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) Accident

(b) Date of occurrence 12-4-43 1943

(c) Where did injury occur? K C Jackson Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at Home (Specify type of place)

While at work? (e) Means of injury fall

23. Signature Dudley R. Thorn O (M. D. or other)

Address Med. Dir. Gen'l Hosp. Date signed 12-10-43

361 (Licensed Embalmer's Statement on Reverse Side)

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 me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed G H Mize

Licensed Embalmer No. 2570

P. O. Address R.O. 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.