

S. No. 2
M-5-42
S. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9664

State File No. _____

FILED APR 7 1944
149

Registrar's No. 1384

Registration District No. _____

Primary Registration District No. 1002

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:
2716 Troost Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
15 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. 2716 Troost
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Ernest Clarence Barton

3. (b) If veteran, name war No

3. (c) Social Security No. 495-10-6812

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27th
year 1944 hour _____ minute _____ M.

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Mrs. Beulah E. Barton

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased July 22 1883
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-20 1943 to 3-25 1944
that I last saw him alive on 3-25 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>8</u>	<u>5</u>	hr. _____ min.

Immediate cause of death chronic myocarditis

Due to chronic nephritis

Due to _____

9. Birthplace Pawnee Station Kansas
(City, town, or county) (State or foreign country)

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

10. Usual occupation Plumber

11. Industry or business Same

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Oscar Barton

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

14. Maiden name Nettie Smith

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

16. (a) Informant Mrs. Beulah E. Barton

(b) Address 2716 Troost Avenue

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? _____

17. (a) Burial (b) Date thereof 3/31/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fort Scott, Kansas

18. (a) Signature of funeral director Freeman Mortuary
104 west 42nd street

(b) Address _____

19. (a) 3-29-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

While at work (Specify type of place) _____ (e) Means of injury _____

23. Signature Charles Hartman (M. D. or other) _____
Address Carlyle Park 14 E. mo Date signed 3-28-44

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

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 *Blmer C. Wedelin*

Licensed Embalmer No. *3495*

P. O. Address *W. 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.

11:15 A.M. 5/1/70