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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JUN 3 1944**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

16911

State File No. ....

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2245

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:  
2416 Mercier St  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Twenty 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. 2416 Mercier St  
(If rural, give location)

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

3. (a) PRINT FULL NAME John Barnes

3. (b) If veteran, name war no

3. (c) Social Security No. 500-12-4831

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1944 hour 11 minute 40 P. M.

4. Sex Male 5. Color or Negro

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

6. (b) Name of husband or wife Georgia Barnes 6. (c) Age of husband or wife if alive 52 years 1889

7. Birth date of deceased: Aug (Month) 15 (Day) 1889 (Year)

21. I hereby certify that I attended the deceased from 12-19-43 to 5-23-44  
that I last saw him alive on 5-21-44  
and that death occurred on the date and hour stated above.

8. AGE: 56 Years 9 Months 8 Days  
If less than one day: 0 hr. 0 min.

Immediate cause of death: Acute myocarditis

Due to: over work

Due to: age

Other conditions: Hypertension

9. Birthplace: Kansas City Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation: Canon Labor

11. Industry or business: \_\_\_\_\_

12. Name: Henry Barnes

13. Birthplace: Dont Know 9  
(City, town, or county) (State or foreign country)

14. Maiden name: Bettie Battie

15. Birthplace: Missouri 0  
(City, town, or county) (State or foreign country)

Major findings of operations: none

Of autopsy: none

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

16. (a) Informant: Georgia Barnes  
(b) Address: 2416 Mercier St

17. (a) Burial (b) Date thereof: May 27-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Highland cemetery  
West 4th Street & Pine St

18. (a) Signature of funeral director: \_\_\_\_\_  
(b) Address: \_\_\_\_\_

19. (a) 5-25-44 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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) (Means of injury)

23. Signature: \_\_\_\_\_ (D. or other) \_\_\_\_\_  
Address: 2200 W-18 Date signed: 5/27/44

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.....  
*[Handwritten Signature]*

Licensed Embalmer No. *2710*

P. O. Address *Jansan City, 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.**