. No. 2
—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 6 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20473

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2703

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: 5801 Ward Parkway
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX (Specify whether
In this community Life 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 5801 Ward Parkway
(If rural, give location)

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

3. (a) PRINT FULL NAME JOHN T. BARRONS

3. (b) If veteran, name war No

3. (c) Social Security No. 490-16-0036

4. Sex Ma 0

5. Color or race Wh

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

6. (b) Name of husband or wife Anna S. Barrons

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Sept. (Month) 18 (Day) 1868 ~~1867~~ (Year)

8. AGE: Years 75 ~~76~~ Months 9 Days 10 If less than one day hr. min.

9. Birthplace K.S.C. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Adv.Mgr and Director

11. Industry or business Kansas City Star

MOTHER FATHER

12. Name John Barrons

13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

14. Maiden name Winifred Grady

15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Mrs. Anna S. Barrons

(b) Address 5801 Ward Parkway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-30-44 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director J W Wagner

(b) Address Kansas City, Mo.

19. (a) 6-29-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28 year 1944 hour 1 minute 30 a. M.

21. I hereby certify that I attended the deceased from , 1930 to June 28, 1944 that I last saw h alive on June 27, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Coronary Sclerosis

Due to

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

Major findings:
Of operations 94a

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Fred Drury (M. D. or other) MD

Address 1610 Propos Bldg Kcks Date signed

(Licensed Embalmer's Statement on Reverse Side)

Proof 139
NA 6379

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, [illegible]

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo.
County of Jackson } ss.

State File No.
Local Registrar's No. 2703

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 8th day of July, 1944, before me appears Mrs. Anna S. Barrons, who, upon her oath, states that the original record of ~~birth~~ death for John T. Barrons, ~~born~~ died June 28, 1944, in the State of Missouri, and which was filed at K.C. Mo. on 6-29, 1944 should be corrected as follows:

Item No. 7 should read Sept. 18, 1868
Instead of Sept. 18, 1867

Item No. 8 should read 75 - 9 - 10
Instead of 76 - 9 - 10

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Anna S. Barrons wife
Relationship.

5801 Ward Parkway, Kansas City, Mo.
Present Address.

Subscribed and sworn to before me this 8th day of July, 1944

My Commission expires My Commission Expires May 13, 1947 Paul W. Jerdeson Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
M-3-42
X32339

20473