

FILED AUG 2 1944

State File No. _____
Registrar's No. **5994**

Registration District No. **149**

Primary Registration District No. **1002**

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

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 **709 Washington**
(If not in hospital or institution, write street number or location)

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

In this community **unknown**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson**

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

(d) Street No. **709 Washington**
(If rural, give location)

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

3. (a) PRINT FULL NAME **PAUL BARTON**

3. (b) If veteran, name war **unknown**

3. (c) Social Security No. _____

4. Sex **Male**

5. Color of race **W**

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **unknown**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **17th**
year **1944** hour **6:25 a.m.** minute _____

21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.
about 70 yrs -

9. Birthplace **Mo** (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER {

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant **Coroner's office**

(b) Address **KC**

17. (a) **Removal** (b) Date thereof **7-20-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **KC University**

18. (a) Signature of funeral director **D. E. Lapetina**

(b) Address **K.C. 27th**

19. (a) **7-20-44** (b) **D. E. Brown**
(Date received local registrar) (Registrar's signature)

Immediate cause of death **Arteriosclerotic heart disease**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **93rd**

Major findings: Of operations _____

Of autopsy **Inspection + Resting**

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? _____

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

23. Signature **D. E. Lapetina M.D.** (M. D. or other)
Address **23rd & Olive Sts** Date signed **7/18/44**

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 Peter B. Lagetuna
Licensed Embalmer No. 4273
P. O. Address 15 E 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.