

S. No. 2
M-8-43
5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 18 1944

State File No. 27909
Registrar's No. 98

Registration District No. 120

Primary Registration District No. 5522

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Rural Prairie Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jackson County Home for Aged
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 days
(Specify whether
In this community 2 yrs
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. 7444 State Linn
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Walter C. Barker

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased Oct. 27 1881
(Month) (Day) (Year)

8. AGE: Years 62 Months 9 Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation odd jobs

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant Records Jackson County Ho

(b) Address St. Independence, Mo

17. (a) Burial (b) Date thereof 7-30-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Les Sumner

18. (a) Signature of funeral director W. B. Langford

(b) Address Les Sumner

19. (a) July 29, 1944 (b) F. M. Schick by 2. M. S.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1944 hour 7:40 minute 0 M.

21. I hereby certify that I attended the deceased from July 25 1944 to July 28 1944
that I last saw him alive on 7/27 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration _____

Due to _____

Due to _____

Other conditions. (Include pregnancy within 3 months of death) 30

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature F. M. Schick (M. D. or other) _____

Address Independence, Mo Date signed 7/29/44

1162 (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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. *3233*

P. O. Address..... *Less Summit*

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.