

FILED DEC 11 1944

Registration District No. 59

Primary Registration District No. 4098

Registrar's No. 175

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Belton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community 59 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass 19
(c) City or town Belton 3
(If outside city or town limits, write "RURAL") 3
(d) Street No. none
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME

Malinda G. Barr

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (c) Age of husband or wife if alive X years
7. Birth date of deceased May 7th 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 6 10 hr. min.

9. Birthplace Lancaster, Pa.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business at home

MOTHER FATHER { 12. Name Amos Good
13. Birthplace Pa.
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Huber
15. Birthplace Pa.
(City, town, or county) (State or foreign country)

16. (a) Informant Earl Barr
(b) Address Raymore, Mo.
17. (a) Burial (b) Date thereof Nov. 19, '44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belton, Missouri
18. (a) Signature of funeral director E. F. George - Iowa
(b) Address Belton, Missouri
19. (a) Nov. 21, 1944 (b) Margaret Volle
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17th
year 1944 hour 9 minute 15a. M.

21. I hereby certify that I attended the deceased from Feb 1943 to Nov 17 1944
that I last saw her alive on Nov 17 1944
and that death occurred on the date and hour stated above.

Immediate cause of death.

Conjunctive head failure ?
Due to mitral insufficiency 2 yrs
Due to arteriosclerosis - nephritis ?

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 R. M. White (M. D. or other) DO
Address Belton Mo Date signed 11-20-44

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.....

Licensed Embalmer No. 3645

P. O. Address Grandview, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Dee

Registration District No. 59

Primary Registration District No. 4028

Registrar's No. 1707

1. PLACE OF DEATH:

(a) County Cass Belton
(b) City or town Belton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Malinda G. Barr

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

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

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

7. Birth date of deceased May 7 1944
(Month) (Day) (Year)

8. AGE: Years 28 Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation _____ (State or foreign country)

11. Industry or business _____

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 _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov Day 7 Year 1944 Hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____

that I last saw him/her alive on _____, 19____ and that death occurred on the date and hour stated above.

Immediate cause of death congestive heart failure

Due to mitral insufficiency

Due to arteriosclerosis

Other conditions chronic glomerulonephritis

(Include pregnancy within 3 months of death)

Major findings: Of operations _____

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? _____

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

23. Signature R.M. Walker (M. D. or other) M.D.

Address Belton Mo Date signed Nov 20 1944

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

SUPPLEMENTAL

37435