

FILED FEB 14 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: K. C. Conv. Home

(d) Length of stay: In hospital or institution 11-7-43-1-29-45

In this community 5 yrs. 4

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48

(c) City or town Independence 7

(d) Street No. 2910 Sterling Rural # 6

(e) Citizen of foreign country? 1 (Yes or No)

3. (a) PRINT FULL NAME: Katherine BEAUREGARD
Kath Barnett

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29 year 1945 hour 3 minute P M.

21. I hereby certify that I attended the deceased from 11-7-43, 19 to 1-29-45, 19 and that death occurred on the date and hour stated above.

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced, widow 2

6. (c) Age of husband or wife if alive, years Wm. T. 8, 1861

Immediate cause of death: Arteriosclerosis

Due to: Arteriosclerosis

Other conditions: 97

8. AGE:

| Years | Months | Days | If less than one day |
|-------|--------|------|----------------------|
| 83 | 82 | 5 | 21 |

9. Birthplace Platte Co., Mo. 0

10. Usual occupation invalid

PHYSICIAN

Major findings: Of operations

Of autopsy

11. Industry or business

12. Name H. B. C. Harris

13. Birthplace Ky. 1

14. Maiden name Amelia Herndon

15. Birthplace Ky. 1

16. (a) Informant Hiram S. Barnett

(b) Address 2910 Sterling, R. F. D. 6.

17. (a) burial (b) Date thereof 1-31-45

(c) Place: burial or cremation Mt. Auburn, St. Joseph, Mo.

18. (a) Signature of funeral director Mellody* - Mc Gilley

(b) Address K. C. Mo.

19. (a) 2-1-45 (b) D. E. Brown

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?

23. Signature: D. E. Brown (M. D. or other)

Address: 3200 W. 1st St. Date signed

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.....

Russell H France

Licensed Embalmer No..... *4255*

P. O. Address..... *K. C. 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.