

FILED MAR 3 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 205

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: 200 W. 74th Terrace /
(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 56 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 200 West 74th Terrace
(If rural, give location)

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

3. (a) PRINT FULL NAME MRS. MARIE SCHWARZ BARBEN

(b) If veteran, name war XX

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10th
year 1945 hour 5: minute 40 P. M.

4. Sex Fe 5. Color or race Wh

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

6. (b) Name of husband or wife John Barben

6. (c) Age of husband or wife if alive 71 years 1872

7. Birth date of deceased: May 17 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to 2-10-45, 19____, and that death occurred on the date and hour stated above.

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

<u>72</u>	<u>8</u>	<u>23</u>	
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hr. _____ min.

Immediate cause of death: Renal Hypertension, Cardiac Vascular Disease, Diabetes Mellitus Duration 25 yrs

9. Birthplace: Bern Switzerland
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

10. Usual occupation At Home

Other conditions (Include pregnancy within 3 months of death) 61

11. Industry or business _____

12. Name Frederick Schwarz

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

14. Maiden name Marie Young

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

16. (a) Informant John Barben

(b) Address 200 West 74th Terrace

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof: 2-14-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

(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? _____

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

(b) Address Kansas City Mo

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

19. (a) 2-13-45 (b) D. C. Brown
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) _____
Address 1500 Maple St Date signed 2-13-45

Proof
11-11-45

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 Alvin R. Haunschield

Licensed Embalmer No. 4159

P. O. Address Kansas City 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.