

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X36671

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5058

State File No. _____

FILED FEB 17 1945
Registration District No. 117

Primary Registration District No. 1002

Registrar's No. 560

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:
3844 EAST 61ST STREET 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 2 MONTHS years, months or days)

3. (a) PRINT FULL NAME WILLIAM LLOYD BARNARD, JR.

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE

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 NOVEMBER 29 1944
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
	<u>2</u>	<u>4</u>	hr. _____ min.

9. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

MOTHER FATHER

11. Industry or business _____

12. Name WILLIAM LLOYD BARNARD, SR.

13. Birthplace HICKORY RIDGE ARKANSAS
(City, town, or county) (State or foreign country)

14. Maiden name FRANCES RIES

15. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. Lloyd Barnard

(b) Address 3844 East 61st

17. (a) BURIAL (Burial, cremation, or removal)

(b) Date thereof FEB 5 1945
(Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEMETERY

18. (a) Signature of funeral director D. E. Newcomer

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 2-5-45 (Date received local registrar)

(b) D. E. Brown (Registrar's signature)

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. 3844 EAST 61ST STREET 1
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 3RD
year 1945 hour 11 minute 20 A.M.

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

Immediate cause of death Subar pneumonia

Due to _____

Due to 108

Other conditions (include pregnancy within 3 months of death) _____

Major findings: photog & impaction

Of operations _____

Of autopsy no

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 James O. Walker (M. D. or other) 3

Address 1401 Brush Creek Blvd Date signed 2-3-45

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.....

Oscar Thomas

Licensed Embalmer No.....

1767

P. O. Address.....

Kansas City

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.