

S. No. 2  
 DOM-5-43  
 Rev. 5-17-39  
 I X36871

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 1209  
 Registrar's No. 1919

FILED MAY 15 1945  
 Registration District No. 1002

Primary Registration District No. 1002

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:  
302 S. Elmwood /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 41 years  
(Specify whether years, months or days)  
 In this community 41 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson 48  
 (c) City or town Kansas City 5  
(If outside city or town limits, write "RURAL") 8  
 (d) Street No. 302 S. Elmwood  
(If rural, give location)  
 (e) Citizen of foreign country? No (1) (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME BLANCHE E. BARR  
 3. (b) If veteran, name war No 3. (c) Social Security No. None  
 4. Sex Fe. / 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Jacob H. 6. (c) Age of husband or wife if alive 72 years  
 7. Birth date of deceased August 7, 1877  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>8</u>	<u>21</u>	hr. _____ min. _____

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

10. Usual occupation Homemaker

11. Industry or business None

12. Name Harley Simmons

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

14. Maiden name Nora Carpenter

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

16. (a) Informant Jacob H. Barr

(b) Address 302 S. Elmwood  
 17. (a) Burial (b) Date thereof 5/1/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Morish

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.  
(Specify type of place)

(b) Address Kansas City, Mo.

19. (a) 5-1-45 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month April day 28  
 year 1945 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Apr 17  
1945 to Apr 28 1945  
 that I last saw her alive on Apr 28 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 3 Times  
Angina Pectoris 3 Months

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions 94a  
(Include pregnancy within 3 months of death)

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? \_\_\_\_\_

23. Signature W. Rose (M.D. or other) M.D.  
 Address 103 N. Edward Date signed 4-30-45

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

4-30-45

**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.....

*A. D. Blackman*

Licensed Embalmer No. 3639

P. O. Address. P. 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.**