

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Independence Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. Box 289
(If rural, give location)

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

3. (a) PRINT FULL NAME Infant BARKER

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Child

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

7. Birth date of deceased: June 1 1945
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Ernest Barker

13. Birthplace Johnson County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Edith Pierce

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

16. (a) Informant Mr Ernest Barker

(b) Address Independence, Mo

17. (a) Removal (b) Date thereof June 3, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director George C. Carson

(b) Address Independence Mo.

19. (a) 6-3-45 (b) James Ross
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1945 hour 4:45 minute 14 M.

21. I hereby certify that I attended the deceased from June 1 1945 to June 3 1945
that I last saw him alive on June 3 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Generalized atelectasis

Due to Prematurity (Died Aug 4, 1945)

Due to _____

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

Major findings: Of operations None done 159

Of autopsy None done

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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

23. Signature James Ross (M. D. or other) MD

Address Independence Mo Date signed 6-3-45

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

8
4
4

1165

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.....

P. O. Address.....

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.