V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26331

FILED SEP 1 1945

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3537

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: 5226 CLEVELAND AVENUE
(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 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 2
(If outside city or town limits, write "RURAL")

(d) Street No. 5226 CLEVELAND AVENUE
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country ----

3. (a) PRINT FULL NAME MARY ANN BARGFREDE

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

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 MARCH 24 1943
(Month) (Day) (Year)

8. AGE: Years 2 Months 4 Days ~~29~~ 28 If less than one day ___ hr. ___ min.

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

10. Usual occupation CHILD

11. Industry or business ----

FATHER
12. Name CARL H. BARGFREDE
13. Birthplace ALMA MISSOURI
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name VIRGINIA BURNETT
15. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant MR. CARL H. BARGFREDE
(b) Address 5226 CLEVELAND AVENUE

17. (a) BURIAL (b) Date thereof AUG-24-1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ MEMORIAL PARK CEM.

18. (a) Signature of funeral director D. A. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 8-24-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 22ND
year 1945 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from August 20, 1945 to August 22, 1945 that I last saw her alive on August 20, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Heart Failure

Due to Acute Lymphatic Leukaemia

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

74a

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? (City or town) (County) (State)

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

While at work? (e) Means of injury

23. Signature John Ault (M. D. ~~or other~~)

Address 1306 Pro Bldg Date signed

(Licensed Embalmer's Statement on Reverse Side)

1306 Professional Bldg.
2-5

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 E. Oscar Northey

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.