

FILED OCT 13 1945

Registration District No. 149

Primary Registration District No. 1002

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:
2832 BALES AVENUE 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 45 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. 2832 BALES AVENUE 8
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME MR. SAMUEL BARKER TARBET

(b) If veteran, name war NO

(c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 30TH
year 1945 hour 2 minute 08 A.M.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

7. (b) Name of husband or wife MRS. JUNE WADDELL TARBET 6. (c) Age of husband or wife if alive 64 years

8. Birth date of deceased FEBRUARY 5 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 16 1945 to Sept. 30 1945
that I last saw him alive on Sept. 29 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Prostatic Incomp. Duration _____

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

74 7 25 hr. min.

Due to Carcinoma of Prostate

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

Due to _____

10. Usual occupation RETIRED

Other conditions 51
(Include pregnancy within 3 months of death)

11. Industry or business ARCHITECT

Major findings: _____
Of operations _____
Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name ROBERT TARBET

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

14. Maiden name MARGARET HAMILTON

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

16. (a) Informant Edith S. Tarbet

(b) Address 2832 Bales Ave.

17. (a) BURIAL (b) Date thereof OCT-2-1945
(Burial, cremation, or removal) (City or town) (County) (State)

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? _____

(c) Place: burial or cremation ASH GROVE MISSOURI

18. (a) Signature of funeral director D. H. Newcomer, Sons

(b) Address 1401 BRUSH CREEK BLYD.

(Specify type of place) _____
While at work? _____ (e) Means of injury 2

19. (a) 10-1-45 (b) Stearling Holmes
(Date received local registrar) (Registrar's signature)

23. Signature J. L. Lawrence (M. D. or other) _____
Address 504 Commerce Bldg. Date signed OCT-1-45

10.4
804 Commerce Bldg

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 Carl Rapp

Licensed Embalmer No 3458

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.