S. No. 2
M—5-43
. 5-17-39
I X3667

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36068

FILED NOV 26 1945

Registration District No. 1449 Primary Registration District No. 1002 Registrar's No. 4658

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: 4049 Central Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community: 61 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 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 4049 Central 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: MRS. LOUISA DUNLAP BARBER

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: Widowed
6. (b) Name of husband or wife: James E. Barber
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Oct. 4, 1862 (Month) (Day) (Year)

8. AGE: Years 83 Months 1 Days 6 If less than one day hr. min.

9. Birthplace: Jacksonville, (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: At Home
11. Industry or business:
MOTHER FATHER
12. Name: Charles Dunlap
13. Birthplace: Illinois (City, town, or county) (State or foreign country)
14. Maiden name: Mary Long
15. Birthplace: Illinois (City, town, or county) (State or foreign country)
16. (a) Informant: Charles J. Barber
(b) Address: 4049 Central Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-12-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill
18. (a) Signature of funeral director: Freeman Mortuary
(b) Address: Kansas City, Missouri
19. (a) 11-11-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10th year 1945 hour 4:40 minute P. M.

21. I hereby certify that I attended the deceased from Jan 1st 1944 to Nov 10th 1945 and that I last saw her alive on Nov 8th 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis — Duration
Chronic Myocarditis
Due to: Chr. Arteriosclerosis
Due to: Chr. Interstitial Nephritis
Other conditions: Carcinoma Pancreas
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: 4162

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: M. F. Dewell (M. D. or other) MD
Address: 1722 W 39 Date signed: 11-11-45

(Licensed Embalmer's Statement on Reverse Side)

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.