

No. 2
2-43
-17-39
X35697

FILED DEC 28 1945

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 5143

1. PLACE OF DEATH:

(a) County Jackson 48

(b) City or town Kansas City 2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5811 Montgall 1 8
(If not in hospital or institution, write street number or location)

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

In this community 30 years (Specify whether _____)

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. 5811 Montgall 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Pansy Thompson Barnett

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13
year 1945 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from Dec 13, 1945
19 _____ to Dec 13, 1945
that I last saw her alive on Dec 13, 1945
and that death occurred on the date and hour stated above.

4. Sex Fe. / 5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Charles M.

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

7. Birth date of deceased March 23, 1873
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion 24 hrs
Duration

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

72 8 20 hr. _____ min.

Due to _____

Due to _____

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

9. Birthplace Iowa 1
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business None

MOTHER FATHER { 12. Name Geo. Kirkwood 9

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

Major findings: Of operations 942 PHYSICIAN _____

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

16. (a) Informant Harold C. Barnett

(b) Address Memphis, Tenn.

17. (a) Burial (b) Date thereof 12/15/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

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? _____

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

(b) Address Kansas City, Mo.

19. (a) 12-14-45 (b) Sheldine Holmes (M. D. or other) _____
(Date received local registrar) (Registrar's signature) Address 408 Paraglyde Date signed 12/14/45

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

Dr. Haffington
A. J. Blackman

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. J. Blackman

Licensed Embalmer No. 3639

P. O. Address 14 E. 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.