

FILED FEB 7 1946

Registration District No. 149

Primary Registration District No. 1002

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: St. Lukes Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days (Specify whether
In this community 25 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Johnson 999
(c) City or town Kansas City, Kans
(If outside city or town limits, write "RURAL") 11
(d) Street No. 4915 Mission Road
(If rural, give location) 2
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS. CHLOE 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 Married
6. (b) Name of husband or wife Jay C. Barber 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased September 21st. 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 4 4 hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Charles H. Robertson

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

14. Maiden name Emily G. Patton

15. Birthplace Gentry County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Jay C. Barber

(b) Address 4915 Mission Drive

17. (a) Removal (b) Date thereof 1/28/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eagleville, Missouri

18. (a) Signature of funeral director Freeman Mortuary & Chapel

(b) Address 104 West 42nd Street

19. (a) 1-26-46 (b) Sheldene Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25
year 46 hour 8 minute 30 P.M.
21. I hereby certify that I attended the deceased from June
1942, to January 25, 1946;
that I last saw her alive on January 25, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolus Duration 2 days
Due to Cerebral Thrombosis with mural thrombi 2 wks
Due to Arterial Hypertension with hypertensive heart disease in picture 10 yrs
Other conditions Cholelithiasis 2 wks
(Include pregnancy within 3 months of death)

Major findings: Of operations 93 d
Of autopsy As above
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 Donald S. Hume M.D. (M. D. or other) 0
Address 2015 W. 42nd St. Hts. Mo Date signed 1/26/46

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

829

309 F. 1058

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.