

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1058

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:  
2120 Tracy  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 28 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. 2120 Tracy (If rural, give location) U  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Gussie Barker

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Perry Barker 6. (c) Age of husband or wife if alive. Unknown years

7. Birth date of deceased Jan. 15 1882 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 1 18 hr. min.

9. Birthplace Kingdom, Kansas (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Cabil Harvey 9

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

14. Maiden name Ellen 9

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

16. (a) Informant James Alfred Smith

(b) Address 2120 Tracy

17. (a) Burial (b) Date thereof 2/7/46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cem.

18. (a) Signature of funeral director Watkins Bros

(b) Address 1729 1/2

19. (a) 3-4-46 (b) Rosaline Holmes (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3 year 1946 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from Feb 23rd 1946 to March 3 1946 that I last saw her alive on Feb 23rd 1946 and that death occurred on the date and hour stated above.

Immediate cause of death acute gastro-enteritis Duration \_\_\_\_\_

Due to acute indigestion

Due to (unknown) food

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations none 120a

Of autopsy none 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 5

23. Signature R. Suggenheim (M. D. or other)

Address 2202 1/2 Date signed 3/4/46

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

8190

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**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 *J. Jerome Manlove*  
Licensed Embalmer No. *3994*  
P. O. Address *2513 Highland*

**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.**