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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 29 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13031

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 1755

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~~: TRINITY LUTHERAN HOSPITAL (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 59 YEARS 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. 3404 BELLEFONTAINE AVE. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MR. OSCAR LEROY BARRICK

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. EDITH P. BARRICK

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased OCTOBER (Month) 30 (Day) 1884 (Year)

8. AGE: Years 61 Months 5 Days ~~13~~ 12 If less than one day hr. min.

9. Birthplace QUINCY (City, town, or county) ILLINOIS (State or foreign country)

10. Usual occupation RETIRED - 15 YEARS

11. Industry or business ELECTRICAL CONSTRUCTION

FATHER
12. Name ISAAC N. BARRICK
13. Birthplace UNKNOWN (City, town, or county) ILLINOIS (State or foreign country)

MOTHER
14. Maiden name IDA M. FLEMING
15. Birthplace FLEMING (City, town, or county) ILLINOIS (State or foreign country)

16. (a) Informant MRS. EDITH P. BARRICK

(b) Address 3404 BELLEFONTAINE AVENUE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL-15-1946 (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEMETERY

18. (a) Signature of funeral director O. W. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 4-15-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 12 TH year 1946 hour 2 minute 05 A M.

21. I hereby certify that I attended the deceased from Pathologist, 19__; that I last saw h__ alive on__, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured Aorta

Due to Dissecting Aortic Aneurysm (partial)

Due to arteriosclerosis

Other conditions cardiac hypertrophy (Include pregnancy within 3 months of death)

Major findings:
Of operations 30 d
Of autopsy above.

Duration

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 Jack W. Hill (M. D. or other) M. D.

Address Trinity Lutheran Hosp. Date signed 12 Apr. 46

(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: E. Oscar Northey

Licensed Embalmer No. 1767

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.