

S. No. 2  
M-5-43  
5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16537

State File No. \_\_\_\_\_

**FILED** JUN 10 1948

Registration District No. 147

Primary Registration District No. 1002

Registrar's No. 2397

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:  
4133 E 6th /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community 20 years

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. 4133 E. 6th 8  
(If rural, give location)

(e) Citizen of foreign country? No 0  
(Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Thomas Jones Barnes

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex M 0 5. Color or race W

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

6. (b) Name of husband or wife Evelyn Lea

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased October 7, 1871  
(Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 21 22 hr. \_\_\_\_\_ min.

9. Birthplace Taylorville N.C. /  
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business Self

12. Name Thomas Barnes

13. Birthplace N.C. /  
(City, town, or county) (State or foreign country)

14. Maiden name Ruth Emoline Jones

15. Birthplace N.C. /  
(City, town, or county) (State or foreign country)

16. (a) Informant Fred F. Barnes

(b) Address Todd Highland, N. Kansas City

17. (a) Burial (b) Date thereof May 31, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation W. Washington

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

(b) Address 2825 Independence Blvd

19. (a) 5-30-46 (b) Geraldine Holman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29  
year 1946 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 15, 1945, to May 29, 1946  
that I last saw him alive on May 29, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction (Heart Disease)

Due to Myocardial Infarction

Due to \_\_\_\_\_

Other conditions 93 d  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

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) (c) Means of injury \_\_\_\_\_

Signature P. L. St. Clair (M. D. or other) \_\_\_\_\_  
Address 524 2 St. Joe Date signed May 29 46

Duration 6 1/2  
2 1/2

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

*Dr. St. Clair*

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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. H. Blackman*

Licensed Embalmer No. *3639*

P. O. Address *K. C. 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.**