

**FILED** JULY 2 1946  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

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:  
ST VINCENT'S Hosp  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 days  
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County JACKSON

(c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")

(d) Street No. 3210 East 23rd  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CHRISTOPHER BARNETT

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex MALE (1) race WHITE

5. Color or race WHITE

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive X years \_\_\_\_\_

7. Birth date of deceased 5 31 46  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
		<u>15</u>	<u>27</u> hr. <u>10</u> min.

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

10. Usual occupation None

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

MOTHER FATHER

12. Name no record

13. Birthplace no record  
(City, town, or county) (State or foreign country)

14. Maiden name JOSEPHINE BARNETT

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

16. (a) Informant Hospital Records

(b) Address 3210 E 23rd St

17. (a) Burial (b) Date thereof June 17-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Mary

18. (a) Signature of funeral director G. W. Wagner

(b) Address Kansas City Mo

19. (a) 6-17-46 (b) Gereldine Helms  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 16  
year 1946 hour 11:00 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from 31 1946 to 6-16 1946  
that I last saw him alive on 6-16 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Prematurity

Due to Prematurity

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

Major findings: 159

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)

(c) Means of Injury \_\_\_\_\_

23. Signature Frank B. Hooper (M.D. or other) \_\_\_\_\_  
Address 1449 Myrtle St Date signed June 16 1946

*Plaza Medical Parts*

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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.....

*Was not Embalmed*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Alvin R. Harnschel*.....

Licensed Embalmer No. *4159*.....

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.**