V. S. No. 2
00M—8-43
ev. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 27 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27008

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3545

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

25850

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: 3119 Chestnut 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 74 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3119 Chestnut 1 8
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Hattie Viola Barber

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Alfred Barber

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

7. Birth date of deceased 9-26-1868 (Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Penn. 1 (State or foreign country)

10. Usual occupation At Home

11. Industry or business .....

FATHER
12. Name John Nelson Ball
13. Birthplace ..... (City, town, or county) Penn. 1 (State or foreign country)

MOTHER
14. Maiden name Sarah Sloan
15. Birthplace ..... (City, town, or county) Penn 1 (State or foreign country)

16. (a) Informant Laurence Barber
(b) Address 3119 Chestnut St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-16-46 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Park

18. (a) Signature of funeral director Gibson Olson
(b) Address K. C. R.

19. (a) 8-17-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 14
year 46 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from 8-14, 1946 to 8-14, 1946
that I last saw her alive on 8-14, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94a	
Major findings: 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? ..... (Specify type of place)

While at work? ..... (e) Means of injury 0

23. Signature J. R. Hall (M. D. ~~coroner~~)
Address 626 Lathrop Bldg Date signed 8-17-46

(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 George M. Malley

Licensed Embalmer No. 2798

P. O. Address K. C., Kansas

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.