

No. 2
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17-39
X47070

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED SEP 25 1946 STANDARD CERTIFICATE OF DEATH

State File No. **30148**
3831
Registrar's No.

Registration District No. **149** Primary Registration District No. **1002**

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: **RESEARCH HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 DAY**
In this community **34 YEARS** (Specify whether 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. **4037 LOCUST STREET**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **LUSK BARKER**
(b) If veteran, name war **No**
(c) Social Security No. **NONE**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **SEPT** day **6th**
year **1946** hour **11** minute **10 P. M.**
21. I hereby certify that I attended the deceased from **Sept 4**
1946 to **Sept 6**
that I last saw him **live on** **9/6**
and that death occurred on the date and hour stated above.

4. Sex **MALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **MRS ELSA BARKER**
6. (c) Age of husband or wife if alive **52** years
7. Birth date of deceased **JANUARY 2 1895**
(Month) (Day) (Year)

Immediate cause of death
Carcinoma of stomach with metastasis to liver & other organs
Due to **metastasis to liver & other organs**
Due to
Other conditions **46x**
(Include pregnancy within 3 months of death)

8. AGE: Years **51** Months **8** Days **4**
If less than one day hr. min.

Major findings: **stated above**
Of operations **stated above**
Of autopsy **stated above**
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace **LEBO KANSAS**
(City, town, or county) (State or foreign country)

10. Usual occupation **DRUGGIST**

11. Industry or business **726 EAST 15th STREET**

12. Name **NICHOLAS E. BARKER**

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

14. Maiden name **MARY OSBORN**

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

16. (a) Informant **MRS. ELSA BARKER**

(b) Address **4037 LOCUST STREET**

17. (a) **BURIAL** (b) Date thereof **SEPT. 9, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MT. MORIAH CEMETERY**

18. (a) Signature of funeral director **W. Newcomer**
(b) Address **1401-BRUSH CREEK BLVD**

19. (a) **9-9-46** (b) **Thereldine Holmes**
(Date received local registrar) (Registrar's signature)

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? **Professional Bldg.** (Specify type of place) (c) Means of injury
23. Signature **Paul J. Hunt** (M. D. or other)
Address **PROFESSIONAL BLDG.** Date signed **9/7/46**

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

SEP 27 1946

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 Paul Rapp
Licensed Embalmer No. 3458
P. O. Address NC 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.