S. No. 2
—12-45
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 20 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33444

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4354

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 Hosp. O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks (Specify whether
In this community two weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

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

(d) Street No. 335 S. Jewell
(If rural, give location)

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

If yes, name country ✓

3. (a) PRINT FULL NAME THOMAS E. BARNES

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male O

5. Color or race White

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

6. (b) Name of ~~husband or~~ wife Blanche Barnes

6. (c) Age of ~~husband or~~ wife if alive 60 years

7. Birth date of deceased Dec. (Month) 7 (Day) 1883 (Year)

8. AGE: Years 62 Months 10 Days 9 If less than one day hr. min.

9. Birthplace Chandler (City, town, or county) Mo. O (State or foreign country)

10. Usual occupation farmer

11. Industry or business

FATHER
12. Name Wm H. Barnes
13. Birthplace Mosby (City, town, or county) Mo O (State or foreign country)

MOTHER
14. Maiden name Nancy J. Smith
15. Birthplace Missouri City (City, town, or county) Mo O (State or foreign country)

16. (a) Informant Wm T. Barnes
(b) Address 1010 E. 27th Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 18 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Liberty, Mo

18. (a) Signature of funeral director Church - Wicker Co
(b) Address Liberty, Mo.

19. (a) 10-17-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16th
year 1946 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from October 3, 1946, to October 16, 1946; that I last saw him alive on Oct 15, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	2 weeks
Due to Chronic nephritis	years
Due to	
Other conditions Hypertensive Cardiovascular disease, Coronary & Cerebral arteriosclerosis ~~Major findings~~ ~~Of conditions~~ greatly enlarged heart, granular kidneys, cerebral oedema and ~~Of autopsy~~ arteriosclerosis.	

(Include pregnancy within 3 months of death)

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 O

23. Signature W. F. Sanders (M. D. ~~or other~~)
Address 820 Professional Bldg K.C. Mo. Date signed 10-16-46

(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 Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty, 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.