

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 3 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4722
State File No. _____
Registrar's No. 756

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:
2500 BALES AVE.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 YEARS 8 MONTHS
years, months or days

3. (a) PRINT FULL NAME JULIUS F. BARTH
3. (b) If veteran, name war NO
3. (c) Social Security No. 701-18-0868

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife GEORGIA A. BARTH 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased 4 27 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 9 21 _____ hr. _____ min.

9. Birthplace SAVANNA ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation CUSTODIAN ; COURT HOUSE

11. Industry or business _____

MOTHER FATHER { 12. Name HENRY J. BARTH
13. Birthplace HANOVER GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name LENA LIEDERMAN
15. Birthplace SAVANNA ILLINOIS
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. GEORGIA A. BARTH
(b) Address 2500 BALES AVE. K. C. MO.

17. (a) BURIAL (b) Date thereof 2-20-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WOODLAWN INDEP. MO.

18. (a) Signature of funeral director Geraldine Holme
(b) Address 815 W. MAPLE AVE. INDEPENDENCE, MO.

19. (a) 2-19-47 (b) Geraldine Holme
(Date received local registrar) (Registrar's signature)

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. 2500 BALES AVE.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 18
year 1947 hour 9 minute 50 A. M.

21. I hereby certify that I attended the deceased from Dec 23, 1946 to 2-18 1947
that I last saw him alive on Feb. 10 1947
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction
accelerated
coronary atherosclerosis
Due to primary site - prostate
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 515
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)
(Means of injury) _____

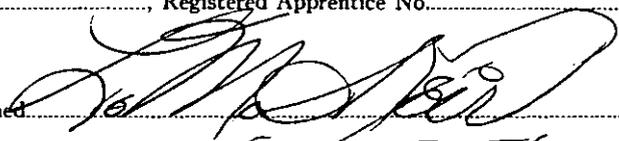
23. Signature Robert E. ... (M. D. or other)
Address 1578 Pryor Road, ... Date signed 2-19-47

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

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 

Licensed Embalmer No. 3156

P. O. Address Independence, 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.

12/15
12/15
12/15