S. No. 2
M—5-43
v. 5-17-39
1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 20 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17306

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2032

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:
2311- EAST- 44TH STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution - - - (Specify whether
In this community 37 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 41

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

(d) Street No. 2311- EAST- 44TH STREET
(If rural, give location)

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

If yes, name country - - -

3. (a) PRINT FULL NAME MRS. ESTHER ELLEN BARNES

3. (b) If veteran, name war No

3. (c) Social Security No. 492-18-8067

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MR. FRANCIS L. BARNES

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased APRIL (Month) 2 (Day) 1890 (Year)

8. AGE: Years 57 Months 1 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace COLUMBIA (City, town, or county) KENTUCKY (State or foreign country)

10. Usual occupation INTERVIEWER - RETIRED

11. Industry or business U.S. EMPLOYMENT SERVICE

FATHER
12. Name JAMES ROWAN HOLLADAY
13. Birthplace (City, town, or county) KENTUCKY (State or foreign country)

MOTHER
14. Maiden name FRANCES ELLEN MILLER
15. Birthplace (City, town, or county) KENTUCKY (State or foreign country)

16. (a) Informant FRANCIS L. BARNES

(b) Address 2311 E. 44TH-ST

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof 5-8-47 (Month) (Day) (Year)

(c) Place: burial or cremation D.W. NEWCOMER'S SONS

18. (a) Signature of funeral director D.W. Newcomer's Sons

(b) Address 1401- BRUSH CREEK BLVD

19. (a) 5-7-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 6TH year 1947 hour 9 minute 00A M.

21. I hereby certify that I attended the deceased from Jan 31, 1947 to May 6, 1947 that I last saw her alive on May 1, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinomatosis	
Due to Carcinoma of Uterus	13 Mo
Due to	
Other conditions (Include pregnancy within 3 months of death) 48 b	
Major findings: Of operations Carcinoma of Uterus	
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 Glen H. Broyles M.D. (M.D. or other)

Address 1232 Prof Bldg Date signed 5/6/47

(Licensed Embalmer's Statement on Reverse Side)

Professional Bldg

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.....Bernard L Foran.....

Licensed Embalmer No.....4250.....

P. O. Address.....N C 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.