

FILED SEP 29 1947
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3962

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... **General Hospital No. 1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... **4 days**
(Specify whether years, months or days)

In this community... **4 days**
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... **3018 Bellevue**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME... **Raymond P. Barnes Infant**

3. (b) If veteran, name war... **no**

3. (c) Social Security No... **none**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... **Sept.** day... **17**
year... **1947** hour... **9** minute... **20 A.M.**

4. Sex... **Male** 5. Color or race... **White**

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

6. (b) Name of husband or wife

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

7. Birth date of deceased... **Sept. 13, 47**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from... **Sept. 13, 1947** to... **Sept. 17, 1947**
that I last saw him alive on... **Sept. 17, 1947**
and that death occurred on the date and hour stated above.

Duration

8. AGE:

Years	Months	Days	If less than one day
			hr. min.
			4

Immediate cause of death... **Incomplete rectal stricture**
Congenital absence left kidney
Atelectasis-Bilateral subarach-
Due to... **noid hemorrhage**

9. Birthplace... **Kansas City Missouri**
(City, town, or county) (State or foreign country)

Due to

Other conditions... (Include pregnant within 3 months of death)

Major findings: **1578**

Of operations

Of autopsy... **See above**

10. Usual occupation... **infant**

11. Industry or business

12. Name... **Paul Roy Barnes**

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

14. Maiden name... **Laura Dixon**

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

PHYSICIAN

Underline the cause of which death should be charged statistically.

16. Informant... **Paul Roy Barnes**

(b) Address... **3018 Bellevue**

17. (a) **Burial** (b) Date thereof... **Sept. 19, 47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... **St. Mary's Cemetery**

18. (a) Signature of funeral director... **Quigg & Tobin Co.**

(b) Address... **20 W. Lanwood**

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

19. (a) **9-18-47** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

23. Signature... **Wm W. Hart** (M. D. or other)
Address... **Med. Dir. Gen'l Hosp** Date signed... **9-18-47**

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

Dr. Rings

*Va 4045
3019 12/15/1918*

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 *Harold W. Farmer*

Licensed Embalmer No. *4134*

P. O. Address *Kansas City 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.