S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37958

FILED DEC 15 1947

Registration District No. 49

Primary Registration District No. 1002

Registrar's No. 5076

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) 0
(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: 5 days (Specify whether years, months or days)
In this community: 44 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 2626 Walrond 8
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Ray F. Barnett
3. (b) If veteran, name war: No
3. (c) Social Security No.: 711-01-7331
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mae Barnett
6. (c) Age of husband or wife if alive: 37 years
7. Birth date of deceased: 9 - 18 - 1900 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
47	2	13	hr. min.

9. Birthplace: Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation: Cook
11. Industry or business:
12. Name: John Leonard Barnett
13. Birthplace: Illinois 1 (City, town, or county) (State or foreign country)
14. Maiden name: Dora Goodwin
15. Birthplace: Missouri 0 (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Mae Barnett
(b) Address: 2626 Walrond
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-4-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Moriah
18. (a) Signature of funeral director: Mrs. C. L. Forster
(b) Address: Kansas City, Mo.
19. (a) 12-3-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: Dec. day: 1
year: 1947 hour: 5 minute: 30 P.M.
21. I hereby certify that I attended the deceased from Nov. 26, 1947 to Dec. 1, 1947; that I last saw him alive on Dec. 1, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 94	

Major findings:
Of operations:
Of autopsy: None

PHYSICIAN
Underline the cause of 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: Wm. W. Hart (M. D. or other) MD
Address: Med. Dir. Gen'l Hosp. Date signed: 12-3-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Powers

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 Dean Owens

Licensed Embalmer No. 4280

P. O. Address 918 Brooklyn K. 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Jackson }

State File No.
Local Registrar's No. 5076

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 2nd day of February, 1948 before me appears Mae Barnett who, upon her oath, states that the original record of ~~birth~~ death for Ray Barnett ~~born~~ died Dec. 1, 1947, in the State of Missouri, and which was filed at Kansas City on 12-3, 1947, should be corrected as follows:

Item No. 3 should read Ray E. Barnett

Instead of Ray Barnett

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mae Barnett Wife
Relationship.

2626 Walrond
Present Address.

Subscribed and sworn to before me this 2 day of February, 1948

My Commission expires Oct. 21. 1951 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X36667

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