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. 38253

FILED NOV 24 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4698

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

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~~: TRINITY LUTHERAN HOSPITAL 0
(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 2 WEEKS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County HOWARD 45
(c) City or town GLASGOW 2
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME DR. WILLIAM BARNES KITCHEN
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex MALE 0
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS. MARGARET M BARNES
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased SEPTEMBER 21 1881
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
66	1	19	hr. 0 min.

9. Birthplace LABADIE MISSOURI
(City, town, or county) (State or foreign country)
10. Usual occupation PHYSICIAN
11. Industry or business GLASGOW, MISSOURI
FATHER
12. Name ISHMAEL B. KITCHEN
13. Birthplace UNKNOWN VIRGINIA
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name PHOEBE UNKNOWN
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)
16. (X) Informant Mrs W B Kitchen
(X) Address GLASGOW MISSOURI
17. (a) BURIAL (b) Date thereof NOV-10-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ GLASGOW MISSOURI
18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 - BRUSH CREEK BLVD
19. (a) 11-10-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 10 TH
year 1947 hour 8 minute 15 A. M.
21. I hereby certify that I attended the deceased from Oct 25, 1947, to Nov 10, 1947
that I last saw him alive on Nov 10, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Hepatitis	3-4 mos
Cirrhosis Liver	3-4 mos
Due to Uremia terminal	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Acute Hepatitis
Of autopsy 1545

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 John H Ogilvie (M. D. or other)
Address 730 Prof Bldg Date signed Nov 10/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Trinity Lutheran Hospital

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 Melvin Miller

Licensed Embalmer No. 4407

P. O. Address K. C. 3, 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.