

National Office of Vital Statistics
FILED JAN 13 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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: St. Luke's Hospital K.C. Mo
(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: 30 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Kansas (b) County: Wyandotte
(c) City or town: Turner (If outside city or town limits, write "RURAL")
(d) Street No.: Rural Route #1 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME

Charles R. Barnett

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 22
year: 1947 hour: 12 minute: 20 A.M.

21. I hereby certify that I attended the deceased from: Pathologist, 19.....; that I last saw him alive on: Pathologist, 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertension of right kidney
Metastatic to Lungs, brain, Mesentery & muscle.

Other conditions:

Major findings: 52
Of operations:

Of autops: same

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)

23. Signature: C. V. Nelson (M. D. or other)
Address: St. Luke's Hospital
Date signed: 22 Dec 1947

4. Sex: M Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mildred Barnett
6. (c) Age of husband or wife if alive: 44 years

7. Birth date of deceased: July 10 1902
(Month) (Day) (Year)

8. AGE: Years: 45 Months: 5 Days: 12
If less than one day:

9. Birthplace: Leavenworth Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation: Rail Service Station

11. Industry or business: Own Business

12. Name: unknown

13. Birthplace: unknown
(City, town, or county) (State or foreign country)

14. Maiden name: unknown

15. Birthplace: unknown
(City, town, or county) (State or foreign country)

16. (a) Informant: Mr. Mildred Barnett

(b) Address: Turner Kansas

17. (a) Removal (b) Date thereof: 12/29/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: St. Maurice Leavenworth Kansas

18. (a) Signature of funeral director: J. A. Butler's home

(b) Address: 22 South 18 K.C.K.

19. (a) 12-23-47 (b) Sheldine Holmes
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHERS:

PHYSICIAN

Underline the cause of which death should be charged statistically.

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.....

Boas Bee

Licensed Embalmer No. *Mo. 3426*

P. O. Address *Kansas City, Kansas*

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.