

S. No. 300
DM-10-47
5-17-39
I 3905

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED MAY 15 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12406

Primary Registration District No. 1001

Registrar's No. 1895

WRITE PLAINLY—USE 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: General Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Dead on arrival
(Specify whether
In this community 4 Months
years, months or days)

3. (a) PRINT FULL NAME Jessica Ruth Barker

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased December 29, 1947
(Month) (Day) (Year)

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

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

10. Usual occupation Infant

11. Industry or business

12. Name Flernoy Barker

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

14. Maiden name Carol Walton

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

16. (a) Informant Flernoy Barker

(b) Address 2530 Brooklyn

17. (a) Burial (b) Date thereof 5/3/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Richard B. ...

(b) Address 1702 9 ...
19. (a) 5-3-48 (b) Richard Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2530 Brooklyn
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30th
year 1948 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from Deputy Coroner to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Respiratory Failure
Due to _____

Suffocation
Due to bed clothes

Other conditions _____
(Includes pregnancy within 3 months of death)

Major findings: 182
Of operations _____

Of autopsy No Permit

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) Accident

(b) Date of occurrence 4-30-48 123

(c) Where did injury occur? K.C. Jackson Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home - 2530 - Brooklyn, Mo.
While at work? No (Specify type of place) (e) Means of injury Suffocation

23. Signature Thurcellians (M. D. or other) _____

Address 2636 - Brooklyn Date signed _____

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.....

J. Jerome Manlove

Licensed Embalmer No. *3994*

P. O. Address: *2503 Highland*

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.