

FILED SEP 4 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3391

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 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 23 YRS.

3. (a) PRINT FULL NAME Harley Barclay

3. (b) If veteran, name war No

3. (c) Social Security No. 486-10-6947

4. Sex MALE 5. Color or race WHITE

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 APRIL 26 1899
(Month) (Day) (Year)

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

49 3 23 hr. min.

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

10. Usual occupation YARDMAN

11. Industry or business THOM PSON LUMBER Co.

12. Name JAMES K. BARCLAY

13. Birthplace DES MOINES Co. NEBRASKA
(City, town, or county) (State or foreign country)

14. Maiden name LOUELINE MATHES

15. Birthplace NEBRASKA CITY NEBRASKA
(City, town, or county) (State or foreign country)

16. (a) Informant MR. CECIL BARCLAY

(b) Address 2318 E. 48th TERRACE

17. (a) BURIAL (b) Date thereof 8-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FLORAL HILLS CEM

18. (a) Signature of funeral director O. J. Newcomer

(b) Address 1401 Brush Creek Blvd

19. (a) 8-20-48 (b) Seraldine Holme
(Date received local registrar) (Registrar's signature)

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. 3313 E. 18 St.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 19
year 1948 hour 8 minute 23 A. M.

21. I hereby certify that I attended the deceased from Aug. 15, 1948 to Aug. 19, 1948
that I last saw im alive on Aug. 19, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Acute liver failure
alcoholism

Due to _____

Due to acute + chronic hepatic degeneration.

Other conditions 1240
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy See above

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? _____

(e) While at work? _____
(Specify type of place) (e) Means of injury

23. Signature Wm W. Hart (M.D. or other) MD
Address Med. Dir. Gen'l Hosp. Date Signed 8-20-48

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

R. Butler

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 *Edward M. Stone*

Licensed Embalmer No. *4452*

P. O. Address *K.C. 4 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.