

FILED SEP 4 1948  
Registration District No. 149

Primary Registration District No. 1002

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:  
811 WEST-39<sup>TH</sup> STREET TERRACE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution --- (Specify whether  
In this community 33 YEARS  
years, months or days)

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. 811 WEST-39<sup>TH</sup> STREET TERRACE  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country ---

3. (a) PRINT FULL NAME MRS VERDA ALVIN BARRETT

3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced DIVORCED

6. (b) Name of husband or wife MR SHERMAN BARRETT 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased JANUARY-19-1872  
(Month) (Day) (Year)

8. AGE: Years 76 Months 6 Day 29 If less than one day hr. min.

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

10. Usual occupation AT HOME

11. Industry or business ---

MOTHER FATHER { 12. Name JOHN L. TRAPP  
13. Birthplace UNKNOWN MISSOURI  
(City, town, or county) (State or foreign country)  
14. Maiden name ELIZABETH ADAMS  
15. Birthplace UNKNOWN INDIANA  
(City, town, or county) (State or foreign country)

16. (a) Informant MR. LEON E. HUTCHISON

(b) Address 811 WEST-39<sup>TH</sup> STREET TERRACE

17. (a) BURIAL (b) Date thereof AUG-18-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation FOREST HILL CEMETERY

18. (a) Signature of funeral director W. H. Newcomer Sr  
(b) Address 1401 BROS. CREEK BLVD

19. (a) 8-18-48 (b) Heraldine Hobbs  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 17<sup>TH</sup>  
year 1948 hour 10 minute 00 A.M.

21. I hereby certify that I attended the deceased from June 1941 to Aug 17 1948  
that I last saw her alive on Aug 16 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 10 days

Due to arteriosclerosis-Senile

Due to ---

Other conditions Carcinoma of cervix  
(Includes pregnancy within 3 months of death)  
Paraplegia

Major findings: 48 a  
Of operations ---  
Of autopsy ---  
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) \_\_\_\_\_  
(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? \_\_\_\_\_

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

23. Signature Edward A. Samuelson (M. D. or other) M.D.  
Address 2603 E 31 Date signed Aug 17-48

2603 East 31st Street  
1-5; 6-7

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**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. Storey  
Licensed Embalmer No. 4452  
P. O. Address K. C. 14 Mon

**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.**