No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 25 1948
Registration District No. 449

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 29650

Registrar's No. 3723

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: The Major Clinic
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution since 3-16-48 (Specify whether
In this community as above
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County 999

(c) City or town Edwardsville 14
(If outside city or town limits, write "RURAL")

(d) Street No. R. F. D. 2
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Mrs. Carolyn M. Barker

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife J. Edward Barker

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased November (Month) 21 (Day) 1873 (Year)

8. AGE: Years 74 Months 9 Days 20 If less than one day hr. min.

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

10. Usual occupation at home,

11. Industry or business x

FATHER
12. Name John Sabirt Mott
13. Birthplace Ohio
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name May
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. F. B. Littleton
(b) Address 5415 Locust St., Kansas City, Mo.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 9-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 9-13-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 11
year 1948 hour 2:50 minute A. M.

21. I hereby certify that I attended the deceased from March 16th, 1948, to Sept 11th, 1948
that I last saw her alive on Sept 11th, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	Sudden
Due to Cerebral Thrombosis	2 Weeks
Due to Senility & cerebral arteriosclerosis	several yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 94a
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? (Specify type of place)
While at work? — (e) Means of injury —

23. Signature Herman S Major (M. D. ~~or other~~)
Address 3100 Euclid ave K C Mo Date signed 9/11/48

(Licensed Embalmer's Statement on Reverse Side)

Dr. Major at Hospital today

30th Euclid

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 Max E. Meyer.

Licensed Embalmer No. 4555

P. O. Address Kansas city, 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.