

S. No. 300
M-10-47
V. 5-17-39
I 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED SEP 18 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29654
Registrar's No. 3640

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(c) Name of hospital or institution: ST. JOSEPH'S HOSPITAL
(d) Length of stay: In hospital or institution 3 HOURS
In this community 48 years

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(d) Street No. 6315 COLLEGE AVE.
(e) Citizen of foreign country? - unknown

3: (a) PRINT FULL NAME MRS. OLIVEA BARRETT
3: (b) If veteran, No
3: (c) Social Security No. 495-10-6904
4. Female
5. Color or race white
6: (b) Name of husband or wife Charles J. Barrett
6: (c) Age of husband or wife if alive - years
7. Birth date of deceased September 22 1880

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 4 year 1948 hour 11 minute 25 A.M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw the deceased and that death occurred on the date and hour stated above.

8. AGE: Years 67 Months 11 Days 12
9. Birthplace Stockholm Sweden

Immediate cause of death: Bacterial Hydrothorax + Pericarditis
Due to: Polysarcoma (met. B.)

10. Usual occupation at home
11. Industry or business
12. Name Unknown - Sutherland
13. Birthplace Stockholm Sweden
14. Maiden name Unknown
15. Birthplace Sweden

Other conditions: 129
Major findings: Of operations
Of autopsy: Above

16. (a) Informant Mrs. Martin Lehman
(b) Address 6315 College, Kansas City, Mo.
17. (a) Burial Date thereof 9-7-48
(b) Place of burial or cremation: Forest Hill Cemetery
18. (a) Signature of funeral director: A. H. Neumann
(b) Address: 1401 Brush Creek Blvd. K.C. Mo.
19. (a) 9-7-48 (Date received local registrar)
(b) Signer: Stenaldine Holmes (Registrar's signature)

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature: Dissected Funeral Home
Address: St. Joseph's Hospital

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

MOTHER: FATHER:

City

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 *Bernard L. Loran*.....

Licensed Embalmer No. *4250*.....

P. O. Address *K.C. 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.