

FILED DEC 29 1948

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5133

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 5 days
(Specify whether years, months or days)
 In this community 44 years

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. 1443 Madison
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Sadie Barnes

(b) If veteran, name war no (c) Social Security No. none

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced widow
 6. (b) Name of husband or wife Charles Barnes 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased August 18 1858
(Month) (Day) (Year)

8. AGE: Years 90 Months 3 Days 16 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name John Neal

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

14. Maiden name Mary Ann Butler

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

16. (a) Informant Mrs. J. Murray

(b) Address 1443 Madison, K.C. 9mo

17. (a) Removal (b) Date thereof 12-20-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lawrence Kansas

18. (a) Signature of funeral director Eads Bros. Funeral Home

(b) Address 1416 Minnesota, K.C., Mo.

19. (a) 12-18-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16
 year 1948 hour 10 minute P. M.

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

Immediate cause of death Lobar pneumonia

Due to _____

Due to _____

Other conditions Fr. right hip
(Include pregnancy within 3 months of death)

Major findings: 56a
 Of operations 12-18-48

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 12-11-48

(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?
At home

While at work? No (Specify type of place) Means of injury Fall

Signature Wm. W. Hart (M. D. or other) Wm. W. Hart

Address Med. Dir. Gen'l Hosp. Date signed 12-17-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

R. Adams

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..... *Orville H Beckwith*

Licensed Embalmer No..... *3937*

P. O. Address..... *H.E.*

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.