

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

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**FILED OCT 7 1950**

State File No. **30284**  
Registrar's No. **3971**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3971</u>		
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>59 Yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>711 East 4 St</b>				d. STREET ADDRESS (If rural, give location) <b>711 East 4 St. 303<sup>rd</sup></b>				
3. NAME OF DECEASED (Type or Print) <b>Loretta</b>			a. (First)		b. (Middle)		c. (Last) <b>Barnes</b>	
4. DATE OF DEATH <b>Sept 18 1950</b>		(Month)		(Day)		(Year)		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow 2</b>		8. DATE OF BIRTH <b>Mar 23 1891</b>		
9. AGE (In years last birthday) <b>59</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <b>Kansas City, Missouri 0</b>		
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			13a. FATHER'S NAME <b>Maloney</b>		13b. MOTHER'S MAIDEN NAME <b>No Record</b>		14. NAME OF HUSBAND OR WIFE <b>Harry Barnes</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		(If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Earnest Barnes</b> ADDRESS <b>2900 Chelsea K.C.Mo.</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of the Cervix of the Uterus</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b> INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs.</b> <b>171X</b>								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>Sept. 1</u> , 19 <u>48</u> , to <u>Sept 18</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Sept 17</u> , 19 <u>50</u> , and that death occurred at <u>2 A.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <b>John K. Caldwell</b> (Degree or title) <b>MD</b>			23b. ADDRESS <b>306 E 12 St. Kansas City, Mo.</b>			23c. DATE SIGNED <b>9/18/50</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept. 20 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Green Lawn</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>9-19-50</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Mrs C.L. Forster</b> ADDRESS <b>Kansas City, Missouri</b>				

(Licensed Embalmer's Statement on Reverse Side)

DR. JOHN A. CAVANAGH  
ARTYLE Bldg.  
Rm. 3456

1:30 P.M.

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed

*J. Dwight Harris*

Licensed Embalmer No. 3599

P. O. Address: PC Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.