

FILED AUG 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22934
2768

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #1

d. STREET ADDRESS (If rural, give location) 7610 Penn

2928
210

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) E. c. (Last) BARR 4. DATE OF DEATH (Month) (Day) (Year) 6 29 1951

5. SEX Male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single 8. DATE OF BIRTH 4-1-23 9. AGE (In years last birthday) 28

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Bus Driver 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Belton Mo. 12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Edward Barr 13b. MOTHER'S MAIDEN NAME Elva Harris 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 494-14-7619 17. INFORMANT'S SIGNATURE OR NAME Mrs. Elva Barr ADDRESS 7610 Pennsylvania

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION pulmonary Acute and chronic/congestion and edema INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) ANTECEDENT CAUSES DUE TO (b) cardiac hypertrophy and dilatation DUE TO (c) healed rheumatic and mitral & aortic valvulitis
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-22-1951, to 6-29-1951, that I last saw the deceased alive on June 29, 1951, and that death occurred at 6:10 A. M., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns (Degree or title) 23b. ADDRESS General Hospital #1 23c. DATE SIGNED 6-29-51

24a. BURIAL, CREMATION, REMOVAL (Specify) 24b. DATE July 2, 1951 24c. NAME OF CEMETERY OR CREMATORY Belton 24d. LOCATION (City, town, or county) (State) Belton Mo.

DATE REC'D BY LOCAL REG. 6-30-51 REGISTRAR'S SIGNATURE Geraldine Holmes 25. FUNERAL DIRECTOR'S SIGNATURE K. George + Sons ADDRESS Belton Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed A. R. George.....

Licensed Embalmer No. 3645-.....

P. O. Address San Antonio, Tex.....

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.