

FILED DEC 27 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5504

40795

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5504

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>80 YRS</u>		e. STREET ADDRESS (If rural, give location) <u>2441 QUINCY AVENUE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2441 QUINCY AVENUE</u>		f. STREET ADDRESS <u>2441 QUINCY AVENUE</u>	
3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>INGRAM</u> c. (Last) <u>BARNETT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 28 1954</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>SEPT. 28-1864</u>
9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CABINET MAKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MILWAUKEE, WISCONSIN</u>
12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>JONATHAN BARNETT</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>FANNIE BARNETT</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>HERBERT L. BARNETT K.C. Mo.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal bronchial pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility &amp; generalized arterio-sclerosis</u>		DUE TO (c) _____		Years _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>4500</u>
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) (Min) _____	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 One year 1953 to 11-27, 1954, that I last saw the deceased alive on Nov. 27, 1954, and that death occurred at 1:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. S. Leng</u> (Degree or title) _____	23b. ADDRESS <u>4800 E. 24th, Kansas City, Mo.</u>	23c. DATE SIGNED <u>11-29-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>NOV. 30, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>UNION CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>
DATE REC'D BY LOCAL REG. <u>11-30-54</u>	REGISTRAR'S SIGNATURE <u>meva minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. W. Thompson &amp; Sons 1331 Birch Creek St. E. Mo.</u>	

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.....  
Signature of Student Embalmer

Signed... *Richard L. Rogers* .....

Licensed Embalmer No. *991*

P. O. Address *1501 27th*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.