

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED MAR 3 1940

Registration District No. _____ Primary Registration District No. **1002**

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: Research Hospital,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution about 2 months
(Specify whether

In this community in Missouri all his life.
years, months or days)

3. (a) PRINT FULL NAME 653 Samuel Alfred Barnett,

3. (b) If veteran, name war No.

3. (c) Social Security No. Unknown.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed.

6. (b) Name of husband or wife Marie Barnett,

6. (c) Age of husband or wife if alive X years

7. Birth date of deceased November 10, 1867.
(Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 12 If less than one day hr. _____ min.

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

10. Usual occupation Wholesale Grocery,

11. Industry or business X

MOTHER FATHER

12. Name Andrew Jackson Barnett,

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

14. Maiden name Polly V. Shipley,
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature C. A. Barnett,

(b) Address Clinton, Missouri.

17. (a) Burial, (b) Date thereof 2/21-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clinton, Mo.

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 2-22-40 (b) M. M. Craue
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Henry,

(c) City or town Clinton,
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? Missouri, years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21st
year 1940. hour 1:30 minute P. M.

21. I hereby certify that I attended the deceased from Jan 1-40
Jan 21, 1940, to Feb 21, 1940;
that I last saw him alive on 2-21, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolism,

Due to Arteriosclerosis,

Due to Diabetes 59

Other conditions Hypertension
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

Major findings:
Of operations _____

Of autopsy _____

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? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____
(Specify type of place) (e) Means of injury

23. Signature Malcolm (M. D. or other) _____

Address 924 Pratt Bldg Date signed 2-22-40

Dr. Donald R. Black

From 1270 g.

Prof. B.L.G.

SEP 20 1945

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 _____

Licensed Embalmer No. 1410

P. O. Address N. P. M. O.

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, above space should be left blank.