

FILED NOV 9 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

48
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 1 Day (Specify whether
In this community 25 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. 2
(If rural, give location) None
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Mr. Robert W. Barr
(b) If veteran, name war World War 1
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 24
year 1942 hour 8 minute 40 P/M

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Emily Barr
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased December 13 1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from February 10, 1942, to October 24, 1942, that I last saw him alive on October 24, 1942, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>10</u>	<u>11</u> hr. min.

Immediate cause of death Cerebral hemorrhage
Due to 830

9. Birthplace Montrose Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Judge

Due to Arterial hypertension 2 year
Other conditions (Include pregnancy within 3 months of death)

11. Industry or business Eastern Circuit Court
12. Name Dr. B.B. Barr
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Faggie Squires
15. Birthplace Henry County Missouri
(City, town, or county) (State or foreign country)

Major findings: Of operations
Of autopsy

16. (a) Informant Mrs. Emily Barr
(b) Address Independence, Missouri
17. (a) Removal (b) Date thereof Oct. 25, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Clinton, Missouri
18. (a) Signature of funeral director D. H. Newcomer
(b) Address 1401 Brush Creek Blvd.
19. (a) 10/24/42 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

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 Graham Asher (M. D. or other) M.D.
Address 1270 Prof. Bldg. Date signed 10-24-42

Duration 1 day
PHYSICIAN
Underline the cause to which death should be charged statistically.

Balk

NOT 17 1983

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 *A. C. Newcomer Jr*

Licensed Embalmer No. *4043*

P. O. Address *A. C. Newcomer Jr*

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.