

FILED AUG 22 1945 STANDARD CERTIFICATE OF DEATH

State File No.

3309

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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 9 weeks  
(Specify whether  
In this community as above  
years, months or days)

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. 503 S. 2nd  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME Clinton Andrew Barnett

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Anna Mary Barnett 6. (c) Age of husband or wife if alive unknown years  
7. Birth date of deceased March 24 1872  
(Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 25/2 If less than one day hr. min. 0

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

10. Usual occupation Retired

11. Industry or business Wholesale Grocer

MOTHER FATHER { 12. Name Andrew Jackson Barnett  
13. Birthplace Maryland  
(City, town, or county) (State or foreign country)  
14. Maiden name Polly Virginia Shipley  
15. Birthplace Maryland  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Mary Barnett

(b) Address 503 S. 2nd, Clinton, Missouri

17. (a) removal (b) Date thereof 8-6-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clinton, Missouri

18. (a) Signature of funeral director Stine & McClure,  
3235 Gillham Plaza, K. C., Mo.  
(b) Address

19. (a) 8-7-45 (b) Sheldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6th  
year 1945 hour 2:00 minute A. M.

21. I hereby certify that I attended the deceased from 19 32  
to 19 45  
that I last saw him alive on 8-21  
and that death occurred on the date and hour stated above.

Immediate cause of death Jauncus Arterios  
Duration

Due to ?  
Due to 124a

Other conditions Coronary thrombosis  
(Include prognosis within 3 months of death) Subdural hemorrhage  
Major findings: Arteriosclerosis  
Of operations: Subdural hemorrhage  
Of autopsy: Arteriosclerosis  
Physician

Underline the cause to which death should be charged statistically.

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 [Signature] (M. D. or other)  
Address KC 220 Date signed 8/14/45

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

JUN 12 1945

Dr. Don Block, Prof. Bldg.

JUN 18 1945

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address 76 E Ms

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.