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.

REC'D JUL 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21352
Do not use this space.

1. PLACE OF DEATH
(a) County BUCHANAN — Registration District No. 85
(b) Township ~~WASHINGTON~~ — Primary Registration District No. 1001 — Registered No. 606
(c) City ST. JOSEPH — (d) Street No. 417 HIGHLAND AVE. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME BERNICE JANE BARRACKMAN
(a) Residence, No. 417 HIGHLAND AVE. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: WILLIAM HENRY BARRACKMAN
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): MAY 29, 1878.
7. AGE: YEARS 60 — MONTHS 0 — DAYS 9 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: HOUSEWIFE,
9. Industry or business in which work was done, as saw mill, bank, etc.: HOME
10. Date deceased last worked at this occupation (month and year): JUNE 7, 1938.
11. Total time (years) spent in this occupation: UNK

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): BUCHANAN COUNTY, MO. 0

FATHER
13. NAME: JAMES REYNOLDS, 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): AGENCY, MISSOURI 1

MOTHER
15. MAIDEN NAME: MISSOURI FRANS
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN KENTUCKY

17. INFORMANT (ADDRESS): WM. H. BARRACKMAN, 417 HIGHLAND, ST. JOSEPH, MO.
18. BURIAL, CREMATION, OR REMOVAL PLACE: MEMORIAL PARK DATE: JUNE 9th 1938
19. FUNERAL DIRECTOR (ADDRESS): FLEEMAN & SON INC. 1946 COLHOUN ST. ST. JOSEPH, MO.
20. FILED: 6/8 1938 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): JUNE 8, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from 6/8, 1938, to 6/8, 1938
I last saw her alive on 6-8, 1938. Death is said to have occurred on the date stated above, at 2:00 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	6/8/38

94 Pa.

Other contributory causes of importance:

Name of operation: none — Date of
What test confirmed diagnosis? clinical — Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) G. T. Blooney, M. D.
(Address) 1218 N. 3d St.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, JOHN E. RUPP, Licensed Embalmer No. 3986

hereby certify that the body recorded on the reverse side of this certificate was embalmed by MYSELF

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed John E. Rupp.

Licensed Embalmer No. 3986

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)