

No. 2
4-12-40
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31441

OCT 10 1940

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Primary Registration District No. 1001

Registrar's No. 998

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

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1013 Isadore Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether years, months or days)
 In this community 20 years.

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph,
(If outside city or town limits, write "RURAL")
 (d) Street No. 1013 Isadore Street,
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULLNAME Anna Katherine Barman
 (b) If veteran, name war None (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept. day 10th
 year 1940 hour 4 minute 08 P. M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Cornelius Barman
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased December 4, 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 1 -
1940 to Sept 10, 1940
 that I last saw her alive on Sept 10, 1940
 and that death occurred on the date and hour stated above.
 Immediate cause of death Pneumonia Sept 10
Duration

8. AGE: Years 77 Months 9 Days 6
 If less than one day _____ hr. _____ min.

Due to _____
 Due to Ch. Myocard.
 Other conditions 97C
(Include pregnancy within 3 months of death)

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER
 { 12. Name Joseph Bier
 { 13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)
 { 14. Maiden name Mary Zind
 { 15. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy No
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. R.J. Metcalf

(b) Address 1013 Isadore Street, St. Joseph, Mo.
Removal (b) Date thereof Sept. 13, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Savannah Cemetery
Savannah, Mo.

18. (a) Signature of funeral director H. O. Sidenfaden & Son
1802 Union Str. St. Joseph, Mo.
 (b) Address _____

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?
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(Specify type of place)
 While at work? _____ (b) Means of injury _____
 23. Signature W. J. Metcalf (M. D. or other) _____
 Address W. J. Metcalf Bldg Date signed 9/11/40

19. (a) 9/11/40 (b) W. J. Metcalf
(Date received local registrar) (Registrar's signature)

Hamilton

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..... *Albert C. Harrington*

Licensed Embalmer No..... 3258

P. O. Address..... *St. Joseph, Mo.*

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.