

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

Do not use this space.

11702

APR 15 1941

1. PLACE OF DEATH

County BUFF PIKE

Registration District No. 680

File No. _____

Township BUFFALO

Primary Registration District No. 3033

Registered No. _____

City LOUISIANA

(No. Mineral Spring Detention St. _____ Ward _____)

2. FULL NAME MRS. DELSIE BARICKMAN

(a) Residence, No. ELS BERRY Mo. St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF VERNON BARICKMAN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14 / 21

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 19 8 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HAWK POINT MO

13. NAME SKELTON COLBERT

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

15. MAIDEN NAME NETTIE MONROE

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

17. INFORMANT VERNON BARICKMAN (ADDRESS) ELS BERRY MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Hawk Point Mo DATE March 30 1941

19. UNDERTAKER W. B. Bradley (ADDRESS) Gasling MO

20. FILED 3/28 HI SE Haley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 28 1941

22. I HEREBY CERTIFY, That I attended deceased from MARCH 24 1941 to MARCH 28 1941

I last saw h. e. r. alive on MAR. 28, 1941. Death is said to have occurred on the date stated above, at 2:30 AM.

The principal cause of death and related causes of importance were as follows:

SHOCK (SURGICAL) Date of onset MAR. 28

Other contributory causes of importance:

secondary anemia
hypotensive mole
TOXEMIA
HEPATITIS

Name of operation MANUAL DELIVERY OF HYDATID MOLE Date of MAR. 23/41

What test confirmed diagnosis? _____ 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. L. Bradley M. D.

(Address) MINERAL SPRING HOSE
LOUISIANA MO.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 13 1946

RECEIVED

District Health Officer No. 10

District File Number 4-41-100

APR 10 1941

Date Filed APR 10 1941

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

W. F. Bradley

Licensed Embalmer No. 3966

P.O. Address

Elk River

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

If this body is not embalmed, above space should be left blank.