

JUN 9 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 17608

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 148

1. PLACE OF DEATH:

(a) County Cole  
 (b) City or town Jefferson City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Mary's Hospital.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Mary Ellen Barnhouse

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced ○

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 3 1941  
(Month) (Day) (Year)

8. AGE: Years 20 Months 3 If less than one day \_\_\_\_\_ hr. 10 min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Robert Barnhouse

13. Birthplace Chamois, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Emma Philbert

15. Birthplace Chamois, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Maude Philbert

(b) Address Chamois, Mo.

17. (a) Burial (b) Date thereof May 7 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Center, Chamois, Mo.

18. (a) Signature of funeral director Olto Storkach

(b) Address Chamois, Mo.

19. (a) 5/6/41 (b) D. B. ...  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Osage  
 (c) City or town Chamois, Mo.  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6  
 year 1941 hour 12 minute 10 a.m.

21. I hereby certify that I attended the deceased from April 6 1941 to May 6 1941  
 that I last saw her alive on May 6 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Tubercular pneumonia

Due to whooping cough

Due to \_\_\_\_\_  
 Other conditions meningitis  
(Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings: \_\_\_\_\_  
 Of operations g  
 Of autopsy \_\_\_\_\_

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 \_\_\_\_\_  
 Signature D. B. ... (M. D. or other) \_\_\_\_\_  
 Address Jefferson City, Mo. Date signed 5/2/41

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

**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 Otto T. Sticksick

Licensed Embalmer No. 1902

P. O. Address Chamois, Mo

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

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