

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED SEP 11 1941

STANDARD CERTIFICATE OF DEATH

28663

State File No.

Registration District No.

441

Primary Registration District No.

425-9

Registrar's No.

43

1. PLACE OF DEATH:

- (a) County Knox  
(b) City or town Edina  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution 65 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME JOHN V. BARWARTH

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elinora Resdon 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased 2 (Month) 9 (Day) 1867 (Year)

8. AGE: Years 74 Months 6 Days 9 If less than one day hr. min.

9. Birthplace Rock Island, Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

12. Name Matthias Barwirth 13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Katherine 15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Grace Dressing (b) Address Edina Mo

17. (a) Burial (b) Date thereof 8 19 41 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation St. Joseph

18. (a) Signature of funeral director Keith Hudson (b) Address Edina Mo

19. (a) Aug 18 1941 (b) Mrs C. M. Smith (Date reported local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Knox  
(c) City or town Edina (If outside city or town limit, write "RURAL")

- (d) Street No. \_\_\_\_\_ (If rural, give location)

- (e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16 year 1941 hour 12:30 minute P. M.

21. I hereby certify that I attended the deceased from 3-1 1940 to 8-16 1941 that I last saw him alive on 8-16 1941 and that death occurred on the date and hour stated above.

- Immediate cause of death Carcinoma Prostate (clin. diag) Carcinoma peritoneum (per. diag) Due to Scrotal rupture

- Due to \_\_\_\_\_

- Other conditions (Include pregnancy within 3 months of death)

- Major findings: Of operations none

- Of autopsy none

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 Fredrick J. Schmitt (M. D. or other) AM.D.  
Address Edina, Mo. Date signed 8-17-41

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 12 1941

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**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.....

*Keith Hudson*

Licensed Embalmer No.....

*2413*

P. O. Address.....

*Edina 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, above space should be left blank.**