

FILED OCT 10 1941
85

Registration District No. _____

Primary Registration District No. 1001

Registrar's No. 928

1. PLACE OF DEATH BUCHANAN
 (a) County ST. JOSEPH
 (b) City or town St. Joseph
 (c) Name of hospital or institution: STATE HOSPITAL No. 2
 (d) Length of stay: In hospital or institution 31 yr. 7 months 14 days
 In this community 31 yrs. 7 mo. 14 ds.

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Jackson
 (c) City or town Kansas City
 (d) Street No. 1807 E 7th St.
 (e) If foreign born, how long in U. S. A? Native years.

3. (a) PRINT FULL NAME ELMIRA BARBER
 (b) If veteran, name war None
 (c) Social Security No. None
 4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 (b) Name of husband or wife None (c) Age of husband or wife if alive ? years
 7. Birth date of deceased ? 1883
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept day 24 year 1941 hour 05:00 minute P. M.
 21. I hereby certify that I attended the deceased from March 17, 1941 to Sept. 24, 1941; that I last saw her alive on Sept. 24, 1941; and that death occurred on the date and hour stated above.

8. AGE: Years about 68 Months ? Days ? If less than one day hr. min.
 9. Birthplace Kansas City Mo.
 10. Usual occupation None
 11. Industry or business None
 12. Name Charles V Barber
 13. Birthplace New York N.Y.
 14. Maiden name Wink
 15. Birthplace Wink Illinois

Immediate cause of death Dilatation of Colon acute
 Due to Adenocarcinoma of sigmoid colon
 Other conditions Atrophy of left kidney
 Major findings: Of operations None
 Of autopsy Same as above

MOTHER FATHER
 16. (a) Informant Mo. State Hosp #2 Records
 (b) Address St. Joseph, Mo.
 17. (a) Removed (b) Date thereof 9-25-41
 (c) Place: burial or cremation Using cemetery
 18. (a) Signature of funeral director D.W. Newberry
 (b) Address Kansas City, Mo.
 19. (a) Sept 25, 1941 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 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? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
 (Specify type of place) _____
 While at work (e) Means of injury _____
 23. Signature Donald H. Breit (M. D. or other) M.D.
 Address Mo. State Hosp #2 Date signed 9-25-41

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.....

H.C. Murriner

Licensed Embalmer No. *482*

P. O. Address.....

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.