

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31527

State File No.

Registrar's No.

FILED OCT 23 1941
304

Primary Registration District No. 5421

1. PLACE OF DEATH:

(a) County Gasconade, Mo. Rural
(b) City or town Gasconade
(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 (Specify whether)
In this community 5 Years
years, months or days

3. (a) PRINT FULL NAME Minnie Barner

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 Single

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

7. Birth date of deceased August 19, 1878
(Month) (Day) (Year)

8. AGE: Years 63 Months 1 Days 17 If less than one day 5 hr. --- min.

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

10. Usual occupation None

11. Industry or business ---

12. Name Fredrick. W. Barner

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

14. Maiden name Henrietta Stocksick

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

16. (a) Informant Johanna Schmidt

(b) Address Gasconade Mo

17. (a) Burial (b) Date thereof 10/8/1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Berger, Mo.

18. (a) Signature of funeral director Otto T. Stocksick

(b) Address Chamois Mo

19. (a) 10-8-41 (b) H. K. Ricker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade
(c) City or town Rural
(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. --- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct, day 6
year 1941 hour 5, a.m. minute --- M.

21. I hereby certify that I attended the deceased from Aug - 15
1941, to Oct - 2, 1941;
that I last saw h.e. alive on Oct - 2, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia (or natural)

Due to H69

Due to ---

Other conditions Past Operation Cholecystomy
(Include pregnancy within 3 months of death) of gall bladder

Major findings: Cancer of head of pancreas

Of operations ---

Of autopsy ---

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? --- (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 W. H. McFarley (M. D. or other) ---

Address Chamois Mo Date signed ---

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. Storkrich

Licensed Embalmer No. _____

1902

P. O. Address _____

Chamois, ms

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.