

Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 5411 1/2 Miami St  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none  
(Specify whether years, months or days)

In this community 21 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 5411 1/2 Miami St  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Phoebe Elizabeth Harbrucker

3. (b) If veteran, name war none

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28  
year 1942 hour 6 minute 30 P.

4. Sex Female / 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Carl

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased April 7, 1886  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 1 1942 to May 28 1942  
that I last saw her alive on May 28 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years 56 Months 1 Days 21  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Carcinomatosis (general) 1 yr. Duration

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

Due to Breast Cancer  
Do not know - Did not consult physician to my knowledge before one year ago.

10. Usual occupation Housewife

Other conditions Malnutrition  
Secondary anemia

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

12. Name William Watkins

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

14. Maiden name Margaret Jones

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

Major findings: Of operations none

Of autopsy none 50

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Louella Eaton

(b) Address Dearborn, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof May 30, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland, Cemetery

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? \_\_\_\_\_

18. (a) Signature of funeral director Tracy Barry Funeral

(b) Address 218 South 10th St

Home \_\_\_\_\_ (Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

19. (a) 5-30-42 (b) Rae Hering  
(Date received local registrar) (Registrar's signature)

23. Signature Chas. M. D. (M.D. or other) \_\_\_\_\_

Address St. Joseph, Mo. Date signed 5/29/42

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

MOTHER FATHER

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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

*Victor J. Barry*

Licensed Embalmer No.

*4212*

P. O. Address

*St. Joseph 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, fact should be so stated above.**