

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30309
State File No.

FILED OCT 6 1942
Registration District No. 118

Primary Registration District No. 5440

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Blount Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether)
In this community entire life years, months or days

3. (a) PRINT FULL NAME

Deane Kathryn Barlish

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Female 5. Color or race White

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

6. (b) Name of husband or wife John Barlish

6. (c) Age of husband or wife if alive 25 years (Day) (Year)

7. Birth date of deceased Nov. 25 (Month) (Day) (Year)

8. AGE: Years 56 Months 10 Days 6 If less than one day hr. min.

9. Birthplace Gasconade (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Alfred Bedden

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

14. Maiden name Mrs. E. C. Bedden

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

16. (a) Informant Mr. E. C. Bedden

(b) Address Blount Mo.

17. (a) Burial (b) Date thereof Oct. 3 - 1942 (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director Gasconade's Funeral Service

(b) Address Blount Mo.

19. (a) 10-2-42 (b) Myrtle M. Wenkel (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) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1st year 1942 hour 3 minute 0 A. M.

21. I hereby certify that I attended the deceased from 2-1 to 10-1, 1942
that I last saw her alive on 9-31, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Uterine Carcinoma

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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? (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 E. A. Bunge (M. D. or other)

Address Blount Mo. Date signed 10-1-42

1287 (Licensed Embalmer's Statement on Reverse Side)

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

OCT 16 1942

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.....

Chester Hassman

Licensed Embalmer No. 7178

P. O. Address. Bland - 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.