

FILED MAR 16 1943

Registration District No. 1343

Primary Registration District No. 3023

Registrar's No. 46

1. PLACE OF DEATH:

(a) County HENRY
(b) City or town CLINTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: COMMUNITY CLINIC
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 hrs
(Specify whether LIFE)
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County HENRY
(c) City or town WRIICH MO
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Sosie Barth

3. (b) If veteran, name war -

3. (c) Social Security No. -

4. Sex Fe 5. Color or race W
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 3-8-1884
(Month) (Day) (Year)

8. AGE: Years 58 Months 11 Days 17 If less than one day hr. min.

9. Birthplace WRIICH MO
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business -

MOTHER FATHER {
12. Name JOHN BARTH
13. Birthplace Germantown
(City, town, or county) (State or foreign country)
14. Maiden name SOPHIA REMPOLD
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant DAVE BARTH

(b) Address WRIICH MO

17. (a) Burial (b) Date thereof 4-28-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HICKORY GROVE

18. (a) Signature of funeral director Fred Westman

(b) Address Clinton Mo

19. February 28 1943 Georgia Kitcher
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 25th
year 1943 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from 2-24 1943 to 2-25 1943
that I last saw her alive on 2-25 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 2 days

Due to Diabetes Mellitus - Comp 2 days

Due to Diabetes Mellitus 3 years at least

Other conditions (Include pregnancy within 3 months of death) 61

Major findings: Of operations 61

Of autopsy 61

Duration
2 days
2 days
3 years at least
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 61

23. Signature Reginald S. Merrill (M. D. or other) MD
Address Clinton Mo Date signed 2-27-43

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

42
1
2

1067

RECEIVED

District Health Officer No: 71

District File Number

2-43-78

Date Filed

3-8-43

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.....

GL WILKINSON

Registered Apprentice No. 341

working under my personal supervision.

Signed.....

Fred Wilkinson

Licensed Embalmer No.

2478

P. O. Address.....

Clinton Ma

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.