

NOV 10 1943

Registration District No. 47

Primary Registration District No. 3008

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
813 North Jefferson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 9 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Callaway
(c) City or town Fulton
(If outside city or town limits, write "RURAL")
(d) Street No. 813 North Jefferson
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GENEVA MARIE BARCHERDING
(b) If veteran, name war No
(c) Social Security No. 493-01-1809

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 8th
year 1943 hour 2 minute 55 P. M.
21. I hereby certify that I attended the deceased from 6/1 1943, to 10/8 1943,
that I last saw her alive on 10/7 1943,
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife John Barcherding alive 46 years
7. Birth date of deceased: March 15 1908
(Month) (Day) (Year)

Immediate cause of death: Recurrent metastatic carcinoma - 3 yrs
Duration

8. AGE:	Years	Months	Days	If less than one day
	<u>35</u>	<u>6</u>	<u>24</u>	hr. _____ min.

Due to Primary carcinoma of left breast

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

Due to _____

10. Usual occupation Packing Room Clerk

Other conditions: 50
(Include pregnancy within 3 months of death)

11. Industry or business International Shoe Co.

Major findings: Carcinoma left breast, Jan. 1941
Of operations _____

12. Name Robert W. Crump

Of autopsy none

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

14. Maiden name Florence Mae Noble

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

16. (a) Informant John Barcherding

(b) Address 813 N. Jefferson, Fulton, Mo

17. (a) Burial (b) Date thereof 10/11/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillcrest Cemetery.

18. (a) Signature of funeral director L. S. Wallace

(b) Address Fulton, Missouri.

19. (a) 10-11-1943 (b) John Marshall Cliff
(Date received local registrar) (Registrar's signature)

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 Henry D. ... (M. D. or other) M.D.
Address Queen Mo. Date signed 10/11/43

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

JUN 7 1951

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, ~~only~~.....

..... Registered Apprentice No.
working under my personal supervision.

Signed: Albert E. White

Licensed Embalmer No. 4168

P. O. Address. Fulton, 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.