

FILED FEB 14 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4552

Registration District No. 320

Primary Registration District No. 6080

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Genevieve
(b) City or town RURAL SALLING TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)
(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 1
(Specify whether
In this community (ONE WORD) WINEBARGER
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County St. Genevieve
(c) City or town RURAL 95
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME EMMA F. WIFE BARGER

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 MARRIED
6. (b) Name of husband or wife HERMAN WIFE BARGER 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased NOV 24 1889
(Month) (Day) (Year)

8. AGE: Years 54 Months 1 Days 14 If less than one day hr. min.

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

10. Usual occupation AT HOME

11. Industry or business
12. Name GEORGE W. BIRI
13. Birthplace PERRY CO MO
(City, town, or county) (State or foreign country)
14. Maiden name SOPHIA E DENNIS
15. Birthplace PERRY CO MO
(City, town, or county) (State or foreign country)

16. (a) Informant Herman Winebarger
(b) Address Hamington Mo RPH 3

17. (a) Burial (b) Date thereof 1 11 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MAYBERRY CEMETERY

18. (a) Signature of funeral director Geo C. Butler
(b) Address St. Genevieve Mo

19. (a) Jan 14 44 (b) Joseph A. Cameron
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 8
year 1944 hour 11 minute 45 P. M.
21. I hereby certify that I attended the deceased from FEB 4
1935 to JAN 8 1944
that I last saw her alive on JAN 7 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver
Chronic Myo Carditis

Duration 1 yr.
2 yrs

Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

468

Major findings:
Of operations
Of autopsy

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) (c) Means of injury

23. Signature Joseph A. Cameron (M. D. or other) M.D.
Address St. Genevieve Mo Date signed

1.9.44

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

005

320

650

RECEIVED

District Health Officer No. 4
District File Number 244-3432
Date Filed 2-11-44

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..... *Geo C. Basher*
Licensed Embalmer No. 1985
P. O. Address..... *St. Lawrence 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.