S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6547

FILED MAR 15 1942

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 186

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

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: 1616 No 3rd (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community abt 15 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan

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

(d) Street No. 1616 No 3 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MARTHA-IRENE-BARNETT

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Fem

5. Color or race 3 Wht

6. (a) Single, widowed, married, divorced 2 Mor.

6. (b) Name of husband or wife Charles Barnett

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased May 30 (Month) 1888 (Day) (Year)

8. AGE: Years 55 Months 8 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace Chicago (City, town, or county) Ill (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name James Slater
13. Birthplace Scotland (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Christine Vaughn
15. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

16. (a) Informant Charles Barnett

(b) Address St Joseph Mo

17. (a) B (Burial, cremation, or removal) (b) Date thereof Feb 10-44 (Month) (Day) (Year)

(c) Place: burial or cremation Memo Park Cem

18. (a) Signature of funeral director Stamey Funeral Home

(b) Address St Joseph Mo

19. (a) 2-10-44 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8 year 1944 hour 5:40 minute P M.

21. I hereby certify that I attended the deceased from Dec 1st 1943 to Feb 8 1944 that I last saw her alive on Feb 8 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma Right breast	4 yrs
Due to	
Due to	
Other conditions Metastasis to Lungs (Include pregnancy within 3 months of death)	2 mo

Major findings:
Of operations
Of autopsy 50

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Lesoi Bach M.D. (M.D. ~~or other~~)

Address King H. S. Bldg Date signed 2/9/44

1233 (Licensed Embalmer's Statement on Reverse Side) St Joseph Mo

SEP 12 1957

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 John Roy Stamer

Licensed Embalmer No. 2435 J

P. O. Address St Joseph

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.