

FILED MAY 11 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14124

State File No.

Registrar's No.

Registration District No.

Primary Registration District No. 1000

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:
410 South 12th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 3 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County 999
(c) City or town Blencoe
(If outside city or town limits, write "RURAL") 13
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 01

3. (a) PRINT FULL NAME Dorcus Addielaide Barber

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 W. M. Barber
6. (c) Age of husband or wife if alive Not stated

7. Birth date of deceased Feb. 4, 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 1 15 hr. min.

9. Birthplace Marcus, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own home

MOTHER FATHER {
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Melvin Young
(b) Address 410 So. 12th St., St. Joseph, Mo.

17. (a) Removal (b) Date thereof Mar. 21, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blencoe, Iowa

18. (a) Signature of funeral director Fred Clark

(b) Address 5025 King Hill Ave.

19. (a) 3-21-44 (b) Rose Sterzyg
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19
year 1944 hour 10 minute 30 a. M.

21. I hereby certify that I attended the deceased from November 12, 1943, to 3/19, 1944, that I last saw her alive on 3/19, and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tumor
Duration: 12 yrs

Due to: Cardiac involvement

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

Major findings:
Of operations: 59 lb
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?
(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: Will R. Grawe, M.D.
Address: 222 Logan Bldg, St. Joseph, Mo.
Date signed: 3/20/44

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

1233

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

Earl Clark

Licensed Embalmer No.

4238

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.