V. S. No. 2
00M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17783

State File No.

Registration District No. 43

Primary Registration District No. 5291

Registrar's No. 47

1. PLACE OF DEATH:

(a) County CLAY

(b) City or town Liberty Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: I.O.O.F. Hospital A (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) wk

In this community wk

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County wk 111

(c) City or town Piedmont (If outside city or town limits, write "RURAL") 0

(d) Street No. 2 (If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME THOMAS BARTCH

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elva Barth

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

7. Birth date of deceased May (Month) 5 (Day) 1874 (Year)

8. AGE: Years 69 Months 11 Days 26 If less than one day hr. min.

9. Birthplace wk Penn (City, town, or county) 1 (State or foreign country)

10. Usual occupation Sec Hand

11. Industry or business

FATHER
12. Name MR John Barth
13. Birthplace Pa (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Catolyne Boyer
15. Birthplace Pa (City, town, or county) 1 (State or foreign country)

16. (a) Informant Paul Rogers by Vu

(b) Address Liberty Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/2/44 (Month) (Day) (Year)

(c) Place: burial or cremation 1007 Cemetery Liberty

18. (a) Signature of funeral director Terrace Hill Funeral Home

(b) Address Liberty Missouri

19. (a) May 2-44 (Date received local registrar) (b) Helen Early (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1 year 1944 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from May 1, 1943 to May 1, 1944 that I last saw him alive on May 15, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
General Arterio Sclerosis	5 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

97

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Burton Maltby (M. D. or other) MD

Address Liberty Date signed May 1-1944

1 x 6

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 6-9-44

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 Victor E. Simmons

Licensed Embalmer No. 2896

P. O. Address Liberty Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.