

FILED JUL 6 1944  
Registration District No. 2124

Primary Registration District No. 5945

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Phelps - Mo  
(b) City or town St James Rural  
(c) Name of hospital or institution: Dillon Township  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Length of stay: In hospital or institution 1  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Frank Barneko

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 0 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Emma 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased 5-20-1878  
(Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 29 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Doris Knowlton

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Doris Knowlton

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Barneko

(b) Address St James Mo

17. (a) Burial (b) Date thereof 5-21-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Materna Care

18. (a) Signature of funeral director W. J. Schleder

(b) Address \_\_\_\_\_

19. (a) 6-10-1944 (b) Charles Dickson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps 81  
(c) City or town St James Rural 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. Dillon Township  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 18  
year 44 hour 4 minute 18 P. M.

21. I hereby certify that I attended the deceased from June 1943 to May 18 1944  
that I last saw her alive on May 17 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of bladder 1942  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: 52 f.  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
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) (e) Means of injury \_\_\_\_\_

23. Signature William H. Brewer (M. D. or other) \_\_\_\_\_  
Address St James Mo Date signed 5/18/44

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

81  
0  
0

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**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 W. E. Luchlider

Licensed Embalmer No. 1970

P. O. Address St James 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, above space should be left blank.**