

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 24 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1683

State File No.

Registrar's No. 32

Registration District No. 42

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: Methodist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell

(c) City or town Kidder 13
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location) 0

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

If yes, name country _____ 1

3. (a) PRINT FULL NAME Mrs Mayte Barkdoll

3. (b) If veteran, name war ✓

3. (c) Social Security No. 6

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31
year 1944 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from 12-24-44
19____ to 12-31-44 1944

that I last saw her alive on 12-31-44 1944,
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W.

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Sept. 5-1880
(Month) (Day) (Year)

Immediate cause of death Cancer of liver & gall bladder

Duration 2 yrs.

8. AGE: Years 64 Months 3 Days 26
If less than one day _____ hr. _____ min.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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9. Birthplace Quincy Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business same

12. Name James Leabo

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

14. Maiden name Francis Leabo

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

16. (a) Informant Mrs Kay Marspater

(b) Address Kidder Mo.

17. (a) Burial (b) Date thereof Jan. 3-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hamlet Mo.

18. (a) Signature of funeral director H. T. Powell

(b) Address Kidder Mo.

19. (a) 1-3-45 (b) Belton Stedler
(Date received local registrar) (Registrar's signature)

Major findings: Cancer of liver & gall bladder

Of operations _____

Of autopsy none

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 Paul Jorgensen (M. D. or other) _____

Address St. Joseph, Mo. Date signed _____

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

MOTHER FATHER

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(Licensed Embalmer's Statement on Reverse Side)

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.....

my self....., Registered Apprentice No.....
working under my personal supervision.

Signed *H. F. Powell*.....

Licensed Embalmer No. *18049*.....

P. O. Address *Killer 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.