

Registration District No. 146

Primary Registration District No. 5-568

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Rural - Blue Twp
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 8900 Thompson
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 14 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Shawnee
 (c) City or town Topeka
(If outside city or town limits, write "RURAL")
 (d) Street No. 14
(If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Ruby Violet Barker

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 Divorced

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

7. Birth date of deceased June 23 1900
(Month) (Day) (Year)

8. AGE: Years 44 Months 7 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation none

11. Industry or Business _____

12. Name James Markham
(City, town, or county) (State or foreign country)

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

14. Maiden name Carrie Van Dusen
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Mammie Payton
 (b) Address 8900 Thompson

17. (a) Burial (b) Date thereof 1/30/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cem.

18. (a) Signature of funeral director Colandrea, Topeka
 (b) Address Independence, Mo.

19. (a) 1-29-1945 (b) James W. Ross
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28th
 year 1945 hour 3 minute 40 P. M.

21. I hereby certify that I attended the deceased from Jan. 20 1945 to Jan 28 1945
 that I last saw her alive on Jan. 28 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Adeno-carcinoma uterus, rectum + adnexa Duration 5 yrs.

Due to _____

Due to _____

Other conditions hypostatic pneumonia 3da.
(Include pregnancy within 6 months of death)

Major findings: Of operations _____

Of autopsy 4 g h

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 Herman Shablin (M. D. or other) D.O.
 Address 3208 Independence 15 P. Date signed 1-29-45

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

800

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 *Roland P. Speaks*
Licensed Embalmer No. 3604
P. O. Address Indep. 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.