

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

**FILED MAR 3 1945**  
 Registration District No. **177**

Primary Registration District No. **1002**

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

**1. PLACE OF DEATH:**  
 (a) County Jackson  
 (b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 2410 Peery 1  
(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)  
 In this community 5 years

**3. (a) PRINT FULL NAME** Alice I. Barchers  
 3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Fe. 5. Color or race White 6. (a) Single, widowed, married, divorced Married!  
 6. (b) Name of husband or wife Charles 6. (c) Age of husband or wife if alive 86 years  
 7. Birth date of deceased: July 3, 1865  
(Month) (Day) (Year)

**8. AGE:** Years 80 Months 7 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Homemaker

11. Industry or business None

MOTHER FATHER { 12. Name Alfred Noble

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

14. Maiden name Unknown

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

16. (a) Informant C. E. Barchers

(b) Address 517 S. Drury

17. (a) Removal (b) Date thereof: 2/16/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond, Mo.

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.

(b) Address Kansas City, Mo.

19. (a) 2-16-45 (b) T. E. Brown  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jackson **48**  
 (c) City or town Kansas City **3**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2410 Peery **5**  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month Feb. day 14  
 year 1945 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 4, 1944, to Feb. 13, 1945  
 that I last saw her alive on Feb. 13-45 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Chronic Mitral Regurg

Due to probably focal infection

Due to \_\_\_\_\_

Other conditions Chronic Interstitial Nephritis  
(Include pregnancy within 3 months of death)

Major findings: Of operations 131a

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature Harry H. Dugay (M. D. or other) \_\_\_\_\_

Address 1401 Prospect Date signed Feb 15-45

Dr. Dan Hays  
4 p.m. Thurs

**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 H. D. Blackman

Licensed Embalmer No. 3639

P. O. Address H. E. 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.**