

No. 2
5-43
5-17-39
X36671

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

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED SEP 25 1946 STANDARD CERTIFICATE OF DEATH

30150

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3885

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:
1203 West 20th Terrace
(If not in hospital or institution, write street number or location)

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

In this community 2.5 yrs
years, months or days

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. 1203 West 20th Terrace 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Mary Louise Barchers

3. (b) If veteran, name war no.

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Sept. day 10
year 1946 hour 10 minutes 30 a. M.

21. I hereby certify that I attended the deceased from January
19, 1946, to Sept. 10, 1946;
that I last saw her alive on Sept. 10, 1946.
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Charley A Barchers

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased Aug 29 1918
(Month) (Day) (Year)

Immediate cause of death Pulmonary tuberculosis Duration 3 yrs

8. AGE: Years 32 Months 0 Days 11
If less than one day hr. _____ min. _____

Due to _____

Due to _____

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

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name J. E. Williams

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

14. Maiden name Stella Campbell

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

16. (a) Informant Charley A Barchers

(b) Address 1203 West 20th Terrace

17. (a) Burial (b) Date thereof Sept. 13 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Mrs. C. R. Farley

(b) Address 918 Brooklyn Kansas City Mo

19. (a) 9-13-46 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

Major findings: Of operations 13 ft

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature R. R. Becker (M. D. or other) _____
Address 4000 Belmont Date signed 9/14/46

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No. 2570

P. O. Address..... R.C. 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.

4000
Baltimore
Va 5/1/15
2.00 10.00