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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32736

FILED OCT 28 1946

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1177

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Methodist Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
In this community 8 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Kansas (b) County: Doniphan 141
(c) City or town: Highland 11
(If outside city or town limits, write "RURAL")
(d) Street No.: Highland 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME: Mary Barth
3. (b) If veteran, name war: No
3. (c) Social Security No.: None'
4. Sex: Female 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single 1
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: July (Month) 2 (Day) 1862 (Year)
8. AGE: Years 84 Months 3 Days 16 If less than one day hr. min.
9. Birthplace: Leavenworth, (City, town, or county) Kansas. 1 (State or foreign country)
10. Usual occupation: At Home
11. Industry or business: At Home
MOTHER FATHER
12. Name: Frederick Barth
13. Birthplace: Unknown (City, town, or county) Germany 1 (State or foreign country)
14. Maiden name: Christina Gutekunst
15. Birthplace: Unknown (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant: Mrs. C. C. Webb
(b) Address: Highland, Kansas.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 10/13/46 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland, Kans.
18. (a) Signature of funeral director: Heaton Beale + Bowman
(b) Address: St. Joseph, Mo.
19. (a) Oct. 22, 1946 (Date received local registrar) (b) A. Westlebusk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 18 year 46 hour 7 minute 00 A.M.
21. I hereby certify that I attended the deceased from 10-11-46 10-18-46, 19, to 10-18-46, 19; that I last saw h. alive on 10-17-46, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
acute cholecystitis (Stroke c/ pneumonia)	2 wks.
Due to: general toxemia	3 days
Due to:	
Other conditions (Include pregnancy within 3 months of death): Sensility	10 yr.
Major finding of operation: Possible carcinoma of pancreas.	
Of autopsy: 127A	

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature: J. M. Zoellner (M.D. or other) M.D.
Address: 411 Kirkpatrick Bldg. St. Joseph, Mo. Date signed 9/8/46

(Licensed Embalmer's Statement on Reverse Side)

SEP 18 1947

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 Raymond H. Moulard

Licensed Embalmer No. 4413-A

P. O. Address 319 So. 10th St. Belleville

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.