

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36099

State File No. _____
Registrar's No. 1328

FILED DEC 9 1946
Registration District No. 42

Primary Registration District No. 1000

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

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: Missouri Methodist Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 46 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan //
(c) City or town St. Joseph (If outside city or town limits, write "RURAL") /
(d) Street No. 502 North 26th. Street 7 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Minnie Calista Barthold
3. (b) If veteran, name war No 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 27th.
year 1946 hour 7 minute 45 A. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, widowed //
6. (b) Name of husband or wife John Barthold 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: May 29 1863 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 8 1946 to Nov 27 1946
that I last saw her alive on _____ 19____
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	83	5	28	hr. min.

Immediate cause of death: Coronary occlusion 5 days
Due to Heart disease at 2:00

9. Birthplace Vianhven Maine (City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations 948
Of autopsy _____

11. Industry or business _____
12. Name Lewis Coombs
13. Birthplace Vianhven Maine (City, town, or county) (State or foreign country)
14. Maiden name Elmira Pierce
15. Birthplace Vianhven Maine (City, town, or county) (State or foreign country)

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 0

16. (a) Informant Miss Delia Barthold
(b) Address 502 No. 26th. St., St. Joseph, Missouri
17. (a) Burial (b) Date thereof 11/29/1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cemetery
18. (a) Signature of funeral director: Walter Meierhoffer
(b) Address 1302 Faraon, St. Joseph, Missouri
19. (a) Dec. 3, 1946 (Date received local registrar) (b) E.C. Jenkins by J. J. [unclear] (Registrar's signature) (Date)

23. Signature: Dr. [unclear] (M. D. or other) MD
Address: 1 Kirkpatrick Bldg Date signed Nov 27-46

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 Albert C. Harrington

Licensed Embalmer No.....3258 Missouri

P. O. Address.....St. Joseph, Missouri.

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.