

1. PLACE OF DEATH:

(a) County SALINE
 (b) City or town RURAL SALT POND
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
HOME N. W. of SWEET SPRING
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community _____
years, months or days LIFE

3. (a) PRINT

FULL NAME DOROTHEA LOUISE BARCHERS

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 WIDOW
 6. (b) Name of husband or wife CLAUDE BARCHERS 6. (c) Age of husband or wife if alive DEAD years
 7. Birth date of deceased APR. 10, 1863
(Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 25 If less than one day
hr. min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business AT HOME

12. Name HENRY WIENE

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

14. Maiden name JOHANNA WALPERS

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

16. (a) Informant Mrs. Edwin Henning
 (b) Address Sweet Springs Mo

17. (a) BURIAL (b) Date thereof 12/8/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FAIRVIEW Cemetery

18. (a) Signature of funeral director R. C. Carter
 (b) Address Sweet Springs Mo

19. (a) 12/7/46 (b) Daddy Andrew
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County SALINE
 (c) City or town RURAL
(If outside city or town limits, write "RURAL")
 (d) Street No. L. M. N. W. SWEET SPRING
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 5th
 year 1946 hour 9 minute 55 P.M.

21. I hereby certify that I attended the deceased from 6-6-46 to 11-29 1946
 that I last saw her alive on 11-29 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis Duration _____

Due to Hypertension

Due to Arterio Sclerosis

Other conditions 93D
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

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 21

23. Signature J. T. Hale (M. D. or other) _____
 Address Sweet Springs Date signed 12-7-46

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

MOTHER FATHER

RECEIVED

Health Officer No. 8,

Health File Number _____

Date Filed 12-21-46

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 R. C. Carter

Licensed Embalmer No. 3513

P. O. Address Sumner, Iowa

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.