. S. No. 2
0M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2151

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 19

1. PLACE OF DEATH:
(a) County ST CHARLES CO.
(b) City or town ST CHARLES MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST JOSEPHS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 DAY. (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County LINCOLN 57
(c) City or town HAWK POINT
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANNA MAE BARLEY
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex FE 1
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife OTHO BARLEY
6. (c) Age of husband or wife if alive years
7. Birth date of deceased NOV (Month) 23 (Day) 1895 (Year)

8. AGE: Years 51 Months 2 Days 11 If less than one day hr. min.

9. Birthplace LINCOLN CO. (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business OWN HOME
FATHER
12. Name HENRY BIESEMEYER
13. Birthplace WARREN CO. (City, town, or county) MO (State or foreign country)
MOTHER
14. Maiden name CATTIE KREUGER
15. Birthplace LINCOLN CO. (City, town, or county) MO. (State or foreign country)
16. (a) Informant OTHO BARLEY
(b) Address HAWK POINT MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB 7, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation HAWK POINT, MO.
18. (a) Signature of funeral director Kemper Funeral Home
(b) Address Troy, Missouri
19. (a) Feb 7-47 (Date received local registrar) (b) Fannie Hamilton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 4
year 1947 hour 7:30 minute P M.
21. I hereby certify that I attended the deceased from Feb. 3, 1947, to Feb. 4, 1947;
that I last saw her alive on Feb. 4, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Diabetic Coma	2 days
Due to: Diabetes mellitus	
Due to	
Other conditions: None (Include pregnancy within 3 months of death)	

Major findings:
Of operations 61
Of autopsy None

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
23. Signature Eugene J. Conty (M. D. or other) M.D.
Address St. Charles Mo Date signed 2-6-47

284 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 2-11-47

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 Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address Troy, 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.