

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County JACSON
(b) City or town KANSAS CITY
(c) Name of hospital or institution: TRINITY LUTHERAN HOSPITAL
(d) Length of stay: In hospital or institution 20 hrs
In this community 20 HOURS

2. USUAL RESIDENCE OF DECEASED:
(a) State OKLAHOMA (b) County ✓
(c) City or town HARDESTY
(d) Street No. ✓
(e) Citizen of foreign country? ✓ NO

3. (a) PRINT FULL NAME ELIZABETH BARRICKLOW
(b) If veteran, name war NO
(c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 27
year 1947 hour 2 minute 10 A.M.
21. I hereby certify that I attended the deceased from Sept 26 1947 to Sept 27 1947
that I last saw her alive on Sept 27 1947
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 WIDOWED
6. (b) Name of husband or wife ALEXANDER BARRICKLOW
6. (c) Age of husband or wife if alive in years 1894
7. Birth date of deceased: ABBOST 1894

Immediate cause of death: Diabetic Coma
Duration: 42 hours

8. AGE: 63 Years Months 1 Days 11
If less than one day hr. min.

Due to: Diabetes Mellitus several years

9. Birthplace LOUISBURG KANSAS

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

10. Usual occupation HOUSEWIFE
11. Industry or business AT HOME

Major findings: Of operations: 61
Of autopsy: _____
PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name NATHAN WOODROM
13. Birthplace CHARLESTOWN WEST VIRGINIA
14. Maiden name NATHAN & McCLANAHAN
15. Birthplace BATH ILLINOIS

16. (a) Informant CHAS. WOODROM
(b) Address LOUISBURG KANSAS

17. (a) BURIAL (b) Date thereof 9-29-47
(c) Place: burial or cremation LOUISBURG KANSAS

18. (a) Signature of funeral director Fred B. Ruzigan
(b) Address Louisville Kansas

19. (a) 9-27-47 (b) Sterlading Holmes
(Date received local registrar) (Registrar's signature)

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
33. Signature J.W. Gausler M.D. (M. D. or other)
Address 3127 Broadway Kansas City, Mo. Date signed 9/27/47

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

MAY 19 1948

NOV 18 1948

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..... *Ward B. Ryan*

Licensed Embalmer No. *3222*

P. O. Address *Louisburg Kansas*

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.