

No. 1
11-9-39
-17-39
X21492

FILED FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2704

Registration District No. 247

Primary Registration District No. 3018

State File No. _____

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County HENRY

(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Community Clinic
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks
(Specify whether years, months or days)

In this community all life

8. (a) PRINT FULL NAME BARBARBA E. BARNHOUSE

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife James 6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased APRIL 1 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>9</u>	<u>16</u>	hr. _____ min. _____

9. Birthplace Ill 1
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business _____

12. Name Chris Silhauer

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

14. Maiden name Don't know

15. Birthplace Ill 4
(City, town, or county) (State or foreign country)

16. (a) Informant May Barnhouse

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 1-19-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Consalus & Peck

(b) Address Clinton Mo

19. (a) 1-21-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 42

(c) City or town Clinton Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 215 E Jefferson St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 17
year 1941 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 21 1940 to 1-17 1941
that I last saw her alive on 1-17 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Sarcoma of Uterus
Sarcoma

Duration
3 mo.

Due to _____

Due to _____

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

Major findings: Sarcoma of Uterus
Of operations: metastasis
Of autopsy: _____

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? _____

23. Signature [Signature] (M. D. or other) _____

Address Clinton Mo Date signed 1-19-41

RECEIVED
District Health Officer No. 7,
District File Number 2-41-279
Date Filed 2-7-41

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 J. E. Consoled

Licensed Embalmer No. 1891

P. O. Address Clinton, Mo

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, above space should be left blank.