. No. 2
-4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 10 1941

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 41879

Registrar's No. 1324

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

1. PLACE OF DEATH:
(a) County BUCHANAN 3
(b) City or town ST. JOSEPH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: STATE HOSPITAL No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Sixty and one-half hours. (Specify whether years, months or days)
In this community 45 years

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. 1319 Penn Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Mary Bare
3. (b) If veteran, name war —
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced ~~Widowed~~ single
6. (b) Name of husband or wife ~~Unknown~~
6. (c) Age of husband or wife if alive ~~Dead~~ years
7. Birth date of deceased Unknown (Month) December (Day) 6 (Year) 1847
8. AGE: 93 Years Months 0 Days 10 If less than one day ..... hr. ..... min.
92 93 ... 0 10
9. Birthplace ~~Missouri~~ Mahoney County ohio
(City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business 9
FATHER
12. Name unknown
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)
16. (a) Informant Hospital Records
(b) Address State Hosp #2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-17-40 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Auburn Cemetery
18. (a) Signature of funeral director Tracy Barry Funeral Home
(b) Address 218 South 10th St
19. (a) 12-17-1940 (Date received local registrar) (b) J. Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16
year 1940 hour 4 minute 30 A. M.
21. I hereby certify that I attended the deceased from December 13, 1940 to Dec. 16, 1940
that I last saw her alive on December 16th, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	?
Due to	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	?

107 W

Major findings:
Of operations
Of autopsy No 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) No
(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? 85
(Specify type of place)
While at work? (e) Means of injury
23. Signature A. H. Panethiere (M. D. or other)
Address State Hospital #2, St. Joseph, Missouri Date signed 12/17/40

(Licensed Embalmer's Statement on Reverse Side)

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 Victor Barry, Registered Apprentice No. 252 working under my personal supervision.

Signed John E Myers

Licensed Embalmer No. 3220

P. O. Address St. Joseph, 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, fact should be so stated above.