

Registration District No. 323

Primary Registration District No. 4474

Registrar's No.

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution:
103 Highland street 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community HO years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline

(c) City or town Sweet Springs
(If outside city or town limits, write "RURAL")

(d) Street No. 103 Highland
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME IRENE ISADORE BARKS

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18
year 1943 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 14, 1943, to Jan 18, 1943
that I last saw her alive on Jan 18, 1943
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 Married

6. (b) Name of husband or wife J M Barks

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased June 14 1863
(Month) (Day) (Year)

Immediate cause of death Bronchopneumonia
menia

Duration 4 days

8. AGE: Years 19 Months 7 Days 4 If less than one day ✓ hr. ✓ min.

Due to Chronic Bronchitis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 107

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

10. Usual occupation House wife

11. Industry or business at Home

12. Name Chasha Burk

13. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

14. Maiden name Susan Clendenen

15. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: none

Of operations _____

Of autopsy none

16. (a) Informant Wm. Lester Barks

(b) Address 6916 Crest St. Louis, Mo.

17. (a) Burial (b) Date thereof 11 20 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Robert Avey

(b) Address Sweet Springs Mo

19. (a) Jan 20 1943 (b) Miss Doris Hefmann
(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? _____
(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 A J Ringen (M. D. or other)

Address Sweet Springs Mo Date signed 1-19-43

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

37
3
0

1218

RECEIVED

District Health Officer No. 8,

District File Number

Filed 2-8-43

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

Jesse Hawley

Licensed Embalmer No.

2214

P. O. Address

Sweet Springs 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.