

V. S. No. 2
100M-2-43
Rev. 5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27240**

FILED SEP 12 1944
Registration District No. **1000**

Primary Registration District No. **1000**

Registrar's No. **891**

1. PLACE OF DEATH
(a) County **Buehauer**
(b) City or town **St. Joseph**
(If outside city or town limit, write "RURAL" and name of township)
(c) Name of hospital or institution **St. Joseph Hospital**
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution **4 days** (Specify whether
In this community **37 yrs** years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **Buehauer**
(c) City or town **St. Joseph**
(If outside city or town limit, write "RURAL" and name of township)
(d) Street No. **1319 North 15th** (If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country

3. (a) PRIMARY FULL NAME **MARY-ELIZABETH-BARCLAY**
3. (b) If veteran, name war **no** 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept** day **7** year **1944** hour **5:40** minute **7 P.M.**
21. I hereby certify that I attended the deceased from **5/5/44** 19... to **9/7/44** 19...
that I last saw her alive on **9/7/44** 19... and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color **Wh** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

Immediate cause of death **metastases of Ca. of breast**
Due to **Ca. of breast** Duration **1 mo**
Due to **Ca. of breast** **5 yrs**
Other conditions (Include pregnancy within 3 months of death)

7. Birth date of deceased **March 30 1873**
(Month) (Day) (Year)
8. AGE: Years **71** Months **5** Days **7** If less than one day hr. min.

Major findings: Of operations **50** PHYSICIAN
Of autopsy
Underline the cause to which death should be charged statistically.

9. Birthplace **Richland Co, Ill** (City, town, or county) (State or foreign country)
10. Usual occupation **Bread maker**
11. Industry or business **Factory worker**
12. Name **Thomas J. Barclay**
13. Birthplace **Ill** (City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth Barclay**
15. Birthplace **N.Y.** (City, town, or county) (State or foreign country)

16. (a) Informant **Leona E. Barclay**
(b) Address **St. Joseph Mo**
17. (a) (b) Date thereof **9-9-44** (Month) (Day) (Year)
(c) Place: burial or cremation **ashland cem.**
18. (a) Signature of funeral director **Blaney Funeral Home**
(b) Address **St. Joseph Mo**
19. (a) **9-9-44** (Date received local registrar) (b) **Allen J. Becke** (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 fire) (a) Means of injury
23. Signature **Wm. J. Bachelder** (M. D. or other)
Address **Welfare Board** Date signed **9/8/44**

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

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 John Roy Stamer
Licensed Embalmer 2435
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.