

No. 2
1-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

12169

FILED MAY 7 1948 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 38

Primary Registration District No. 3086

Registrar's No. 97

1. PLACE OF DEATH:

(a) County Boone
 (b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
12 S. Glenwood Ave.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 3 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10
 (c) City or town Columbia 2
(If outside city or town limits, write "RURAL")
 (d) Street No. 12 S. Glenwood 4
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

MAUD BARCK

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Dr. Carl Barck
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: 5 - 14 - 1870
(Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days 9
 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name George Schroeder
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Caroline Gruner
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. James Garth
 (b) Address 12 S. Glenwood, Columbia, Mo.

17. (a) Removal (b) Date thereof 4-26-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director Palmer Funeral Service
 (b) Address Columbia, Mo.

19. (a) 4-25-46 (b) Mrs. R. E. Palmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
 year 1946 hour 6 minute _____ P. M.

21. I hereby certify that I attended the deceased from Sept 24
 1945 to April 23 1946
 (that I last saw her alive on _____ and that death occurred on the date and hour stated above)
 Immediate cause of death Cerebral Hemorrhage
 Duration 2 hrs

Due to arteriosclerosis

Due to _____

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

Major findings: Of operations 850
 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) _____ (Country) _____ (State) _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature [Signature] (M. D. or other) MD
 Address Columbia Date signed 4-25-46

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

11078

31

JUN 9 1946

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 5-4-46

FEB 25 1954

1953

MAY 5

APR 9 1944

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 M. J. Whitfield
Licensed Embalmer No. 3893
P. O. Address Columbia 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.