

S. No. 2
M-5-43
5-17-39
P I X3667

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36101

State File No. _____
Registrar's No. 1329

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2906 Olive Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Not (Specify whether
In this community 50 years (years, months or days)

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. 2906 Olive Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth Thersso Barnstine
3. (b) If veteran, name war No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 27th,
year 1946 hour 12 minute 40 P. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Walter Barnstine
6. (c) Age of husband or wife if alive 84 years
7. Birth date of deceased August 13 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
6-22, 1946, to 11-27, 1946
that I last saw her alive on 11-26, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
77 3 14 hr. min.

Immediate cause of death General abdominal carcinoma Unknown
Duration _____

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

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

10. Usual occupation Housewife

Major findings: 55%
Of operations: _____
Of autopsy: _____

11. Industry or business _____
12. Name Unknown
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

14. Maiden name Mary Reynolda
15. Birthplace Agency Missouri
(City, town, or county) (State or foreign country)

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?

16. (a) Informant Mrs. J. L. Fairfield
(b) Address 2906 Olive St., St. Joseph, Missouri
17. (a) Burial (b) Date thereof 11/30/1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Auburn, Cemetery
18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1302 Farson St., St. Joseph, Missouri
19. (a) Dec. 3, 1946 (b) E. C. Jenkins by J. J. Ryan
(Date received local registrar) (Registrar's Signature)

23. Signature J. H. D. Dym (M. D. _____)
While at work _____ (Specify type of place) Means of injury _____
Address St. Joseph, Mo. Date signed 11-29-46

382 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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 Albert C. Harrington
Licensed Embalmer No. 3255
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.