

REC'D OCT 21 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

32462  
Do not use this space.

## 1. PLACE OF DEATH

(a) County  Jasper  Registration District No.  411   
(b) Township  Babena  Primary Registration District No.  2002  Registered No. \_\_\_\_\_  
(c) City  Joplin  (d) Street No.  205 Byers  St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred  58  yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME  CARRIE M BARRIER   656 

(a) Residence, No.  205 BYERS  St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX  Female  4. COLOR OR RACE  White  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  single   
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)  Feb. 21, 1867 

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
 71   6   17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  At home   
9. Industry or business in which work was done, as saw mill, bank, etc.   
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation  0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  WARRENSBURG MISSOURI 13. NAME  N. L. BARRIER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  Indiana 15. MAIDEN NAME  Mary C. Richard 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  Clayton Co. IOWA 17. INFORMANT (ADDRESS)  Mrs. Judith Simpson (sister) 205 Byers, Joplin, Mo. 18. BURIAL, CREMATION, OR REMOVAL PLACE  Fairview Cemetery  DATE  Sept 6, 1938 19. FUNERAL DIRECTOR (NAME) (ADDRESS)  Larcher Mortuary Joplin, Mo. 20. FILED  9-6-38  19  38   Ed D Jones  Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)  Sept. 3, 1938 22. I HEREBY CERTIFY, That I attended deceased from  June 11, 1938 , to  Sept 3, 1938 I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at  8:35 A. M. 

The principal cause of death and related causes of importance were as follows:

Myocarditis & Arteriosclerosis   
Date of onset \_\_\_\_\_

Other contributory causes of importance:  ABC 

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis?  chival  Was there an autopsy?  No 

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  No 

If so, specify \_\_\_\_\_

(Signed)  W. J. Loveland  M. D.(Address)  Joplin Mo

RECEIVED

District Health Officer No. 6,

District File Number 6-38-311

Date Filed 10/11/38

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, \_\_\_\_\_

Allen E. Langher, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

Allen E. Langher

Licensed Embalmer No. 3574

P. O. Address Joplin, 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, above space should be left blank.