

FEB 27 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

3550
Do not use this space.

1. PLACE OF DEATH

(a) County Platte
(b) Township Pettis
(c) City Parkville

Registration District No. 695
Primary Registration District No. 5922

Registered No. _____

(d) Street No. _____ (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Charles Jasper Barham
(a) Residence, No. _____ St. ☐ (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Baskerville

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66. 9. 21.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Filling Station
9. Industry or business in which work was done, as saw mill, bank, etc. attendant
10. Date deceased last worked at this occupation (month and year) Jan 1 - 1939 11. Total time (years) spent in this occupation 7 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee13. NAME Jonathan Barham14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee15. MAIDEN NAME Mary Hickman16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee17. INFORMANT (ADDRESS) Mrs. C. J. Barham
Parkville Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Parkville Mo DATE Feb 519. FUNERAL DIRECTOR (ADDRESS) Leland H. Francis
Parkville Mo20. FILED 2-10-1939 S. B. Ford
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4, 1939

I HEREBY CERTIFY, that I attended deceased from Law to Feb 4, 1939
I last saw him alive on Feb 3, 1939. Death is said to have occurred on the date stated above, at 12:30 A.M.

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

Cardiac Decompensation
Hypertatic Pneumonia
Date of onset 9-2-38

Other contributory causes of importance:
Mitral Stenosis
Regurgitation

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? noIf so, specify Hydramnios(Signed) Parkville, Mo., M. D.

STATEMENT BY LICENSED EMBALMER

I, Leland H. Francis, Licensed Embalmer No. 3451

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Leland H. Francis

Licensed Embalmer No. _____

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.)