

1939 OCT 19 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

33194
Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 868
 (b) Township Sedalia Primary Registration District No. 668-3032
 (c) City Sedalia (d) Street No. _____
 (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

(a) Residence, No. Route 5, Sedalia, Mo. 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 <u>Mrs. Lorraine J. Barrick</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 21, 1890</u>		
7. AGE 49	YEARS 3	MONTHS 11
IF LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Georgetown, Missouri</u>		
13. NAME <u>Charles W. Barrick</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
15. MAIDEN NAME <u>Jannie Ramey</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT (ADDRESS) <u>Charles D. Barrick</u> <u>Washington, D.C.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Crown Hill</u> DATE <u>9/5/39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Duane Ewing</u> <u>Sedalia, Mo</u>		
20. FILED <u>Sept 5, 1939</u> <u>Harry Sneed</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1939, to Aug 2, 1939
 I last saw him alive on Aug 2, 1939. Death is said to have occurred on the date stated above, at 3:15 p.m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Infarct
Coronary Disease
Ectasia of both
Pleurisy
12.2.39

Other contributory causes of importance:
Hemorrhagic operation

Name of operation Right Lung Hemorrhage Date of July 27, 39
 What test confirmed diagnosis? _____ 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 Edwin Stahlbert, Ill.
 (Signed) _____ (Address) 120 S. 5th, Sedalia, Mo.

1202 S. Harrison
Wm. H. H. H. H.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10/10/39

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 Duane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia 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.