

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORDED NOV 24 1939

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

36678

Do not use this space.

1. PLACE OF DEATH

(a) County Miller Registration District No. 561  
(b) Township Faupline Primary Registration District No. 5-756  
(c) City Eldon (d) Street No. No street number 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Eldon, Missouri 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) Single

SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 6, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, -- hrs. or -- min.  
0 0 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
9. Industry or business in which work was done, as saw mill, bank, etc. None  
10. Date deceased last worked at this occupation (month and year) --- 11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (CITY OR TOWN) Eldon (STATE OR COUNTRY) Missouri

FATHER 13. NAME Willard Barbee

14. BIRTHPLACE (CITY OR TOWN) Miller County (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Lydia Stark

16. BIRTHPLACE (CITY OR TOWN) Eldon, Missouri (STATE OR COUNTRY)

17. INFORMANT Parent-Lydia Barbee (ADDRESS) Eldon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Disposed of DATE 10-14-39

19. FUNERAL DIRECTOR (NAME) Relatives (ADDRESS) 495

20. FILED 10-30-39 Belle Haynes Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from October 6, 1939, to October 6, 1939

I last saw him October 6, 1939 Death is said to have occurred on the date stated above, at 80 p.m.

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

Stillborn

Date of onset

Other contributory causes of importance:

Unknown

Name of operation None Date of ---

What test confirmed diagnosis? Obstetrical 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? ---

If so, specify

(Signed) E. B. Shelton, M. D.

(Address) Six South Maple, Eldon, Mo.

**RECEIVED**

Miller County Health Dep't.

County File Number 39-127

Date Filed 11-10-39

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**