

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

6440
Do not use this space.

1. PLACE OF DEATH
 (a) County Davies Registration District No. 251
 (b) Township Grand River 2 Primary Registration District No. 53.50
 (c) City Jamesport R.F.D. (d) Street No. _____ 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Joe A. Barrick
 (a) Residence, No. Jameson Road Rural 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 22 1865
 7. AGE 74 YEARS MONTHS 6 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired
 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 _____

12. BIRTHPLACE (CITY OR TOWN) OHIO (STATE OR COUNTRY) /

FATHER 13. NAME T. Jefferson Barrick

14. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY) /

MOTHER 15. MAIDEN NAME Mary Kline

16. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY) /

17. INFORMANT Mrs. Theodore Brown (ADDRESS) Jamesport, Mo. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pilot Grove Cem Jamesport, Rfd DATE Feb. 28, 1940

19. FUNERAL DIRECTOR (NAME) C. M. Joiner (ADDRESS) Gallatin, Mo.

20. FILED Feb 27 1940 Ira Pugh 650
 (Address) Jamesport, Mo.
 (Official Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27, 1940
 22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1939, to Feb 27, 1940
 I last saw him alive on Feb 26, 1940 Death is said to have occurred on the date stated above, at 7:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage.
Arteriosclerosis
 Date of onset Feb 25/40

Name of operation _____ Date of _____
 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? _____
 If so, specify _____
 (Signed) J. R. Barber, D.O.
 (Address) Jamesport, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

FORM 1 X18605

RECEIVED

District Health Officer No. 11,

District File No. 340-239

Date Filed MAR 5 1940

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 *E. M. J. Jones*

Licensed Embalmer No. 3453

P. O. Address *Yucca, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 6440

Registration District No. 251

Primary Registration District No. 3350

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County. Davies
(b) City or town. Parand River Inn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Jose A. Barrick

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 8

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased Aug 12 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 5 If less than one day _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Jefferson Barrick

13. Birthplace Ohio (City, town, or county) (State or foreign country)

14. Maiden name Mary Nease

15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Theodore Brown

(b) Address Jamesport Mo

17. (a) Burial (b) Date thereof Feb 27 40
(Burial, cremation, or removed) (Month) (Day) (Year)

(c) Place: burial or cremation Plot Grave No 2

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Feb 27 1940 (b) Ava Pugh
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Davies
(c) City or town Jameson - Rural
(If outside city or town limits write "RURAL")
(d) Street No. Paul St. North East Jameson
(If rural, give location)
(e) If foreign born, how long in U. S. A. 74 years.

20. DATE OF DEATH: Month Feb day 27 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature F. B. Baiter (Dr. D. or other) _____

Address Jamesport Mo

SUPPLEMENTAL

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

