FILED JUN 14 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18203

State File No. 1

Registration District No. 1 1 7 0 0

Primary Registration District No. 5219B

Registrar's No. 8

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.

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Rural Kearney Township.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

(c) City or town Holt
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Adam Barr 66-1

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased February (Month) 2 (Day) 1860. (Year)

8. AGE: Years 80 Months 2 Days 27 If less than one day hr. min.

9. Birthplace Monroe County (City, town, or county) Tenn. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Aurelius Davis Barr
13. Birthplace Monroe County (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Nancy Jane Airhart.
15. Birthplace Monroe County, (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant's own signature Mrs. Charles Coates.
(b) Address Kearney, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Kearney, Mo.

18. (a) Signature of funeral director C W Dessel
(b) Address Kearney, Mo.

19. (a) 5/1/1940 (Date received local registrar) (b) Thos. L. Smith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29 year 1940. hour 2 minute 40 P. M.

21. I hereby certify that I attended the deceased from Feb. 1940, to April 29 1940, that I last saw him alive on April 28 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Artery Thrombosis	3 Mo.
Pulmonary Edema	24 hrs.
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically

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 N. R. Schuhmacher (M. D. or other) M.D.
Address Kearney Mo Date signed 4-30-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-11-40

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. [illegible] working under my personal supervision.

Signed C W Hessel

Licensed Embalmer No. 3471

P. O. Address Kearney, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.