S. No. 2
—11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 22 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19140

Registration District No. 617 Primary Registration District No. 5818 Registrar's No. 8

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town near Barnard Mo. rural, White Cloud twp.
(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 2 (Specify whether
In this community 14 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

(c) City or town Rural — Barnard, Mo.
(If outside city or town limits write "RURAL")

(d) Street No. 5 m. N-W.
(If rural, give location)

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

3. (a) PRINT FULL NAME Frank Barmana June 500

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 Single

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

7. Birth date of deceased July (Month) 4 (Day) 1881 (Year)

8. AGE: Years 58 Months 10 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace Maryville (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Tenant farmer 1

11. Industry or business general farming 1

FATHER
12. Name John Leonard June 1
13. Birthplace ..... (City, town, or county) Michigan (State or foreign country)

MOTHER
14. Maiden name Mary Frances Bigley
15. Birthplace Ottumwa (City, town, or county) Iowa (State or foreign country)

16. (a) Informant Fred June
(b) Address RR #1, Graham, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/14/1940 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Campbell Funeral Home 549
(b) Address 951 South Main St., Maryville, Mo.

19. (a) 5/12/40 (Date received local registrar) (b) Chas. D. Humbard M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1940 hour 8 00 minute P M.

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

	Duration
Immediate cause of death Probably Cerebral Hemorrhage	Mom.
Due to Lived alone; found dead in bed next day	
Due to	
Other conditions Total deafness. (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

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

23. Signature Chas. D. Humbard M.D. (M. D. ~~or other~~)
Address Coroner, Nodaway Co., Mo. Date signed 5/12/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11,
District File Number 640 944
Date Filed JUN 14 1948

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.