

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

Rev. 5-17-39 I X1251

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.

JUN 29 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19155

State File No. _____

Registrar's No. _____

Registration District No. 647

Primary Registration District No. 5857

1. PLACE OF DEATH:
(a) County Ozark
(b) City or town Udall
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 20
(d) Length of stay: In hospital or institution _____ (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Ozark
(c) City or town Udall
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

In this community _____ years, months or days
8. (a) PRINT FULL NAME Mary A. Barger
3. (b) If veteran order of the name war Civil war 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 20
year 1940 hour 5 minute 45 P. M.

4. Sex female 5. Color or race W 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Jno M Barger 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 22 1850
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 27 1940 to March 20 1940; that I last saw her alive on About March 17 1940; and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Apoplexy Duration _____

8. AGE: 89 Years Months 5 Days 26 If less than one day _____ hr. _____ min.

Due to Senility & hyper tension
Due to _____

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

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

10. Usual occupation house wife
11. Industry or business _____

Major findings:
Of operations _____
Of autopsy _____

MOTHER FATHER
12. Name Jno Barger
13. Birthplace McLambro Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Mary A. Barger
15. Birthplace Ill.
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature R. M. McClure
(b) Address Udall, Mo
17. (a) Burial (b) Date thereof 3-21-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Udall, Mo
18. (a) Signature of funeral director R. M. McClure
(b) Address Udall, Mo
19. (a) 3-22 (b) C. A. Beach
(Date received local registrar) (Registrar's signature)

28. Signature C. A. Beach (M. D. or other) M. A.
Address Elijah, Mo Date signed 3-20-40

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.....

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.