

No. 2
4-13-40
-17-39
I X23159

FILED AUG 5 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25393

State File No. _____

Registration District No. 405

Primary Registration District No. 4239

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Albion
(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 _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Albion
(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.

3. (a) PRINT FULL NAME David W. Barber

3. (b) If veteran, name war ✓

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15th
year 1940 hour 11:30 minute P M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mathew B. Barber

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased 1 Dec 1858
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 1939
_____ 19____, to July 15 19____
that I last saw him alive on July 15 19____
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>7</u>	<u>14</u>	hr. _____ min.

Immediate cause of death Urinary poisoning

Due to Chronic nephritis

Due to _____

9. Birthplace Powell County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death) 121

11. Industry or business _____

12. Name Joel Barber

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

14. Maiden name Mathew Mc Lee

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Mathew Barber

(b) Address Albion, Mo.

17. (a) Burial (b) Date thereof July 17 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Heaven Home

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? _____

18. (a) Signature of funeral director Math City Trust Co

(b) Address Math City, Mo.

19. (a) July 16-40 (b) Effie Green
(Date registered local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) _____

Address [Address] Date signed [Date]

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

40-8-249.

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, fact should be so stated above.