

No. 2
1-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30163

State File No. _____

7440

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

7911
OCT 1940

1003

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

1. PLACE OF DEATH:

(a) County 3111a Lucas Ave.,
(b) City or town St. Louis
(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) 2
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community about 6 Mo.
years, months or days)

3. (a) PRINT FULL NAME Mattie Barker

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

4. Sex female 5. Color or race col. 6. (a) Single, widowed, married, divorced marrie

6. (b) Name of husband or wife Jessie Barker 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Nov. 15, 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>9</u>	<u>18</u>	_____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER

12. Name Tom Ewing

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

14. Maiden name Sarah ?

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

16. (a) Informant Evelyn Craven

(b) Address 3111a. Lucas Ave

17. (a) Shipped (b) Date thereof 9/7/ 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blackrock Ark.

18. (a) Signature of funeral director Dement & Son
(b) Address 2601 Wash St.

19. (a) SEP 4 1940 (b) _____
(Date received local Registrar) (Registrar's initials)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ark. (b) County _____
(c) City or town Blackrock RR
(If outside city or town limit, write "RURAL")
(d) Street No. Rural (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3rd
year 1940 hour 9:00 minute 10 P. M.

21. I hereby certify that I attended the deceased from Aug 26, 1940 to Sept 3, 1940

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Acute yellow atrophy 8 days

Due to _____

Due to _____

Other conditions Gastric ulcer - 2 mo.
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 125a

Duration

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

Address 3021 S. Jefferson Date signed 11/4/40

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.