

DEC 11 1940 **874**

Registration District No. _____

Primary Registration District No. **6151B**

Registrar's No. _____

08

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

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Rural Woundville Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Woundville Township
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 77 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Vernon

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

(d) Street No. Woundville Township
(If rural, give location)

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

3. (a) PRINT FULL NAME Willard K Barrack

3. (b) If veteran, name war no **3. (c) Social Security** No. none

4. Sex M **5. Color or** W **6. (a) Single, widowed, married,** married
race **divorced**

6. (b) Name of husband or wife Lizzie Barrack **6. (c) Age of husband or wife if** 63
alive **years**

7. Birth date of deceased Dec 17 1856
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>9</u>	<u>19</u>	hr. _____ min.

9. Birthplace Kokona Ind
(City, town, or county) (State or foreign country)

10. Usual occupation Restaurant Proprietor

11. Industry or business Cafe

MOTHER FATHER

12. Name Jacob Barrack

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

14. Maiden name Lucinda Tyler

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

16. (a) Informant Lizzie Barrack

(b) Address Woundville Mo

17. (a) Burial Weldon's Cemetery **(b) Date thereof** 10/18/40
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Weldon's Cemetery

(b) Address Woundville Mo

19. (a) Date received local registrar Dec 1 1940 **(b) Registrar's signature** W. N. Barrack

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6, year 1940 hour 6: minute 00A M.

21. I hereby certify that I attended the deceased from Sept 1, 1940, to Sept 6, 1940, that I last saw him alive on Sept 13, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death hardening of arteries

chronic interstitial nephritis

Due to systemic atherosclerosis prostatitis

Other conditions (Include pregnancy within 3 months of death)

Major findings: 171
Of operations
Of autopsy

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? no
(Specify type of place)

23. Signature H. W. Lawrence or other Lucinda Barrack
Address Woundville Mo **Date signed** 10/18/40

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 Lloyd R. Winsett

Licensed Embalmer No. 3857

P. O. Address Wadena, Mo.

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.