No. 2
-13-40
17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Barden

State File No. 41814

Registration District No. 72 Primary Registration District No. 5111 Registrar's No. 3

1. PLACE OF DEATH:
(a) County Boone
(b) ~~City or town~~ RFD Centralia Twp.
(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 years, months or days)
In this community

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

3. (a) PRINT FULL NAME CHARLES BARNES STOOPS

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex M.

5. Color or race W.

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

6. (b) Name of husband or wife Dora Stoops

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Sept. (Month) 19 (Day) 1874 (Year)

8. AGE: Years 66 Months 2 Days 4 If less than one day hr. min.

9. Birthplace Mahaska Iowa (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
12. Name U. K.
13. Birthplace U.K. (City, town, or county) (State or foreign country)
14. Maiden name PEPLE
15. Birthplace U. K. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Dora Stoops
(b) Address Centralia Mo. RFD

17. (a) Edgewood So Dakota (Burial, cremation, or removal) (b) Date thereof 12-27-194 (Month) (Day) (Year)
(c) Place: burial or cremation Edgewood So Dakota

18. (a) Signature of funeral director M. McDaniel
(b) Address Centralia Mo.

19. (a) 12-26-1940 (Date received local registrar) (b) F. H. Barden, M.D. (Registrar's signature)

7/6/41

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23rd
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from 1932, 19..., to Dec. 23, 1940
that I last saw him alive on Dec. 23, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation (acute) — Duration
Myocarditis (acute) — 5 to 6 wks
Due to
Due to
Other conditions
(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 F. H. Barden M.D. (M. D. or other) MD
Address Centralia Mo. Date signed 12/23/40

(Licensed Embalmer's Statement on Reverse Side)

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 M. J. McDaniel

Licensed Embalmer No. 2589

P. O. Address Centralia Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.