

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

RECEIVED FEB 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. M. C. Courb
3121
State File No.
Registrar's No.

Registration District No. 449

Primary Registration District No. 4267

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town Lebanon 510 Polk ave
(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): 1
(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)
In this community 1
years, months or days

3. (a) PRINT FULL NAME

Isaac Murrell Barber

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Minnie H. Barber 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. 22 1877
(Month) (Day) (Year)

8. AGE: Years 63 Months 3 Days 23 If less than one day hr. min.

9. Birthplace Laclede Co mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business

12. Name Joel A Barber

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

14. Maiden name Susan Collier

15. Birthplace Ill. 1-20-41
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie H Barber

(b) Address 510 Polk ave

17. (a) burial (b) Date thereof 1-20-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holman Cemetery

18. (a) Signature of funeral director W. E. Holman

(b) Address Lebanon mo

19. (a) 1-20-41 (b) J. A. McCoub
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Laclede 53
(c) City or town Lebanon mo 2
(If outside city or town limits, write "RURAL")
(d) Street No. 510 Polk Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15
year 1941 hour 12 minute none M.

21. I hereby certify that I attended the deceased from about mch. 40 to 1-15 1940
that I last saw h alive on about 12-1 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis of lung

Due to

Due to 12/12

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?

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

23. Signature J. A. McCoub (M. D. or other) 0

Address Date signed

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

RECEIVED

District Health Officer No. 7.

District File Number 3-41-364

Date Filed 2-13-41

MAR 26 1941

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.....

myself....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

W. E. Halman

Licensed Embalmer No. 4107

P. O. Address Lubnan, 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, fact should be so stated above.