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

FILLED APR 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10731

Registration District No. 316 Primary Registration District No. 5435 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Greene
(b) ~~City or town~~ Rural - Boone Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Several years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Ash Grove Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME William Thadeos Barber
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband or~~ wife Margarette Barber
6. (c) Age of ~~husband or~~ wife if alive 33 years
7. Birth date of deceased 3 - 25 - 1878 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
62	11	29	hr. min.

9. Birthplace Lawrence Co. Mo. D (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Joseph Barber
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Hannah Garringer
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Margarette Barber
(b) Address Ash Grove Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-25-41 (Month) (Day) (Year)
(c) Place: burial or cremation Dunkill
18. (a) Signature of funeral director Monnie - Lemon
(b) Address Ash Grove Mo.
19. (a) Mar 25 (Date received local registrar) (b) Mrs Leonard Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23 year 1941 hour 3:00 minute 0 a. M.
21. I hereby certify that I attended the deceased from for past 2 years, 19__, to 3-22-1941; that I last saw him alive on 3-22-1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Embolism	sudden
Due to pan ophthalmitis in all probability	2 mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

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 Charles H McAffee (M. D. ~~or other~~) M.D.
Address Ash Grove Mo. Date signed 3-24-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office,
County No. 41-4-37
4/21/41
FEB 17 1947

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 Manale A Morris, Registered Apprentice No. _____ working under my personal supervision.

Signed Manale A Morris

Licensed Embalmer No. 2056

P. O. Address Ash Grove Mo

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

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