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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEA[TH]

Registration District No. APR 9 1941 058

Primary Registration District No. 5502

Registrar's No. 10793

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

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Rural Shawnee (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 10 Mi N of Clinton Mo (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community 11 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. 10 Mi N of Clinton Mo (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Robert B Barbour
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 widowed
6. (b) Name of husband or wife Cornelia Barbour 6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased 7 (Month) 3 (Day) 1867 (Year)

8. AGE: Years	Months	Days	If less than one day
73	8	13	____ hr. ____ min.

9. Birthplace Dallas Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

MOTHER FATHER
12. Name Waydon Barbour
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Galen Barbour
(b) Address Chilhowee Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 18 (Day) 41 (Year)
(c) Place: burial or cremation Sutton Cem
18. (a) Signature of funeral director Fred Wilkinson
(b) Address Clinton Mo
19. (a) 3-18-1941 (Date received local registrar) (b) E. G. Hibler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 16 year 1941 hour 9 minute 30 P. M.
21. I hereby certify that I attended the deceased from 3-13-41 to Sunday 16, 1941, to ____, 19____; that I last saw h[im] alive on the 3-10 30, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	40 hours
Due to	
Due to	
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)	
Major findings: Of operations None 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 J. R. Stonebraker (M. D. or other)
Address Clinton Mo Date signed 3-17-41

(Licensed Embalmer's Statement on Reverse Side)

STATE BOARD OF HEALTH
U OF VITAL STATISTICS
ERTIFICATE OF DEATH

Do not use this space.

ation District No.....

y Registration District No..... Registered No.....

o..... St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

rs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

.....

.....St. .....

rite county or city) (If nonresident, give city or town and State)

RS | MEDICAL CERTIFICATE OF DEATH

WED, OR

DATE OF DEATH (MONTH, DAY AND YEAR)

RECEIVED
District Health Officer No. 7,
District File Number 4-41-570
Date Filed 4-2-41

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 Fred Wilkerson

Licensed Embalmer No. 2478

P. O. Address Clinton, 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.