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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 23 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

26390

State File No.

Registration District No. 837 Primary Registration District No. 6099 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Stoddard Castor, Tw
(b) City or town ~~Avert Mo. Rural~~
(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)
(d) Length of stay: In hospital or institution (Specify whether
In this community Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Stoddard 103
(c) City or town Bloomfield, Mo. Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Charles W. Barham
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 () Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 6 (Day) 1923 (Year)

8. AGE: Years 18 Months 1 Days 16 If less than one day hr. min.

9. Birthplace Bloomfield, (City, town, or county) 0 Mo. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name William J. Barham
13. Birthplace (City, town, or county) 0 Mo. (State or foreign country)
MOTHER
14. Maiden name Roena E. Daewell
15. Birthplace (City, town, or county) / Illinois (State or foreign country)
16. (a) Informant Mrs. Jess Kelley
(b) Address Bloomfield, Mo. R. F. D.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-23-41 (Month) (Day) (Year)
(c) Place: burial or cremation Bluff Cemetery
18. (a) Signature of funeral director Chiles Und. Co.
(b) Address Bloomfield, Mo.
19. (a) July 15-1941 (Date received local registrar) (b) Joonie Tunch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22
year 1941 hour 7.30 A. M. minute M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.
Immediate cause of death Accidental drowning Duration
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? 103 (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. A. Chiles Coroner (M. D. or other) 3
Address Bloomfield Mo Date signed 6-23-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 841-1108
Date Filed 8-15-41

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 Ivan C. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.