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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26624

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6416

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mc. Baptist Hospital
(If not in hospital of institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne

(c) City or town McGee
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME William Barks

3. (b) If veteran, name war Unknown

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 Bessie

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased April (Month) 14 (Day) 1896 (Year)

8. AGE: Years 45 Months 3 Days 21 If less than one day hr. min.

9. Birthplace Wayne Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Adam Barks

13. Birthplace Perry Co. (City, town, or county) Missouri (State or foreign country)

14. Maiden name Sarah Sapaugh

15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant C. E. Steward

(b) Address 5051 Wells

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/6/41 (Month) (Day) (Year)

(c) Place: burial or cremation Lowndes, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) AUG -5 1941 (Date received local registrar) (b) J. H. Gredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5 year 1941 hour 8/10 minute 10 P.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 Shot Gunshot Duration
of left temple when he was struck by an automobile driven by Elmer Snell on Highway #67 near Bamhardt Mo. about 8:00 O'clock P.M. July 27 1941

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) Accident

(b) Date of occurrence 7/27/41

(c) Where did injury occur? Bamhardt Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? No (e) Means of injury Auto

23. Signature Wm J Perry (M. D. or other) 3

Address Wayne Co Mo Date signed 8/5/41

(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.....

Licensed Embalmer No.....2971.....

P. O. Address.....

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.