

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED NOV 13 1941
Registration District No. _____

Primary Registration District No. **1002**

Registrar's No. **3699**

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Rivers City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Research Hospital R.C., Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 days
In this community 22 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Ray
(c) City or town Richmond Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A. USA. 1 years.

3. (a) PRINT FULL NAME Myrtle Matilda Barber
(b) If veteran, name war no
(c) Social Security No. no

4. Sex Female 5. Color or race White
6. (a) Name of husband or wife Harvy Barber
6. (b) Single, widowed, married, divorced, Married
6. (c) Age of husband or wife if alive Unk. years
7. Birth date of deceased Sept. 15 1912
(Month) (Day) (Year)

8. AGE: Years 69 Months 19 Days _____
If less than one day hr. _____ min. _____

9. Birthplace: Ray Co., Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Home Keeper

11. Industry or business: _____

MOTHER FATHER
12. Name Benjamin Franklin Barber
13. Birthplace Mo.
14. Maiden name Marquette R. McGee
15. Birthplace Mo.

16. (a) Informant's own signature: M. M. Crowe
(b) Address Richmond Mo.

17. (a) Burial, cremation, or removal: Burial (b) Date thereof 10-6-41
(Month) (Day) (Year)

(c) Place: burial or cremation Richmond Cemetery Mo.

18. (a) Signature of funeral director: Richmond Mo.
(b) Address 10/4/41

19. (a) (Date received local registrar): 10/4/41 (b) M. M. Crowe
(Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 4
year 1941 hour 5:35 minute A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolus Duration _____

Due to Thrombi both iliac veins.

Due to H6

Other conditions Carcinoma sigmoid removed about 2 weeks previously
(Include pregnancy within 3 months of death)
Major findings: (Sept 15, 1940)
Of operations _____

Of autopsy Pulmonary embolus
Calototomy Dilatation right ventricle
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? _____

(e) Means of injury _____
While at work? _____

23. Signature: David J. Stump (M. D. or other) C.M.D.
Address Research Hospital Date signed Oct 4, 1941
(Pathologist)

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.....

working under my personal supervision.

J. J. Brothers, Registered Apprentice No. _____

Signed _____

Licensed Embalmer No. 2001

P. O. Address Richmond, Va.

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, above space should be left blank.