

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **5733**
Registrar's No. **78**

FILED MAR 14 1942

Registration District No. _____

Primary Registration District No. **200**

1. PLACE OF DEATH:

(a) County **Adair**
(b) City or town **Brashear**
(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 _____ years, months or days)

3. (a) PRINT FULL NAME **WILLIAM H. BARKER**

8. (b) If veteran, _____

name war. _____

8. (c) Social Security

No. _____

4. Sex **M** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **M**

6. (b) Name of husband or wife **Clara Barker**

6. (c) Age of husband or wife if alive **63** years

7. Birth date of deceased **May 17 1864**
(Month) (Day) (Year)

8. AGE: Years **77** Months **9** Days **16** If less than one day
hr. _____ min. _____

9. Birthplace **Brashear** (City, town, or county) **Mo.** (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Clara Barker**
13. Birthplace **not known** (City, town, or county) (State or foreign country)

14. Maiden name **Martha May**
15. Birthplace **not known** (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Clara Barker**

(b) Address **Brashear, Mo.**

17. (a) **Brashear, Mo.** (b) Date thereof **3-5-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Brashear Cemetery**

18. (a) Signature of funeral director **F. R. Ensign**

(b) Address **Brashear, Mo.**

19. (a) **Mar 5, 1942** (b) **Mrs. J. L. Wagner**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Adair**
(c) City or town **Brashear** (If outside city or town limits, write "RURAL")
(d) Street No. **1** (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **3**
year **1942** hour **5** minute **10** P. M.

21. I hereby certify that I attended the deceased from **July**, 1941, to **Mar**, 1942,
that I last saw him alive on **Mar 3**, 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis**
Due to **Chronic Rheumatism** 2 yrs.

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations **59C**

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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **H. M. Humphrey** (M. D. or other) **MD**
Address **Brashear, Mo.** Date signed **3-6-42**

RECEIVED

District Health Officer No. 10

District File Number 10-42-393

Date Filed MAR 11 1942

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 ^{not} 1

....., Registered Apprentice No.
working under my personal supervision.

Signed

F. R. Easley

Licensed Embalmer No. 1146

P. O. Address

Baltimore, Md.

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.