

FILED MAR 25 1942  
Registration District No. 289

Primary Registration District No. 4173

State File No. 6505  
Registrar's No. 7

35  
3  
1  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Malden sum  
(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 40 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Dunklin

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

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

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME IDELLA BARBER

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. none

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Joe Barber

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

7. Birth date of deceased June 1 1865  
(Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 5

If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Tenn  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name J.C. Jones

13. Birthplace Tenn  
(City, town, or county) (State or foreign country)

14. Maiden name Marena

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

16. (a) Informant W. G. Grovane

(b) Address Malden, MO

17. (a) Burial (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Malden

18. (a) Signature of funeral director Paul G. Gussell

(b) Address Poplar St

19. (a) 3/7 (b) Miss Vera Sumner  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7  
year 1942 hour 1 A.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Feb 26 1942 to March 6 1942  
that I last saw her alive on March 6 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to \_\_\_\_\_

Due to 430

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration 9 days

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. D. Davis (M. D. or other) \_\_\_\_\_

Address Malden MO Date signed 3/7/42

RECEIVED

District Health Office No. 2,

District File Number 3427360

Date Filed 3/12/42

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**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.....

P. O. Address.....

**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, fact should be so stated above.**