

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7525

FILED MAR 16 1942

Registration District No. 1

Primary Registration District No. 0-9/12

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Estia - 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, months or days)

3. (a) PRINT FULL NAME Alice Marie Barber

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Black 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 11 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Andrew Barber
13. Birthplace Pike Mo
(City, town, or county) (State or foreign country)
14. Maiden name Valerius Sobey Barber
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant Andrew Barber
(b) Address Estia Mo

17. (a) Burial (b) Date thereof Feb 19 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Zion Cemetery
18. (a) Signature of funeral director Thomas Gardner
(b) Address 23 E. 1st St. Mo

19. Feb 17 1942 (a) (Date received local registrar) (b) Almond H. Hefner (Registrar's signature)
1148 (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike
(c) City or town Rural
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18
year 1942 hour 4 minute 05 P. M.

21. I hereby certify that I attended the deceased from Feb 18 1942 to Feb 18 1942.
that I last saw him alive on Feb 18 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death Bobus Pneumonia Duration Unknown
Due to Exposure

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 _____

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 D. S. Hazard (M. D. or other) MD
Address Estia Mo Date signed Feb 18 1942

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

RECEIVED

District Health Officer No. 10

District File Number 10-42-302

Date Filed MAR 10 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.....
....., 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.