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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILE APR 3 1943

Registration District No. 623

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11488

Primary Registration District No. 3031

Registrar's No. 34

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

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville, Missouri C.Tu
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
604 South Buchanan Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway 074
(c) City or town Maryville, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 604 South Buchanan St.,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — — — 0 years.

3. (a) PRINT FULL NAME Mary Huldah Barber
3. (b) If veteran, name war — — —
3. (c) Social Security No. 487-14-4617
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife — —
6. (c) Age of husband or wife if alive — — years
7. Birth date of deceased April (Month) 8, (Day) 1885 (Year)

8. AGE: Years	Months	Days	If less than one day
56	11	13	hr. min.

9. Birthplace Burlington Jct. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Bookkeeper
11. Industry or business — —
FATHER 12. Name Newton H. Barber
13. Birthplace Ohio (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Huldah Martin
15. Birthplace Alabama (City, town, or county) (State or foreign country)
16. (a) Informant James Barber
(b) Address Lenox Iowa
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 24, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Burlington Jct., Mo.
18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville Mo
19. (a) Mar. 23-42 (Date received local registrar) (b) Marie E. Clardy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31 year 1942 hour Between 8 and 9 minutes 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 ..... *Duration*
Due to Coronary Occlusion
Due to .....
Other conditions 9th
(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
~~Of autopsy~~ Coroner's Inquest.

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? (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature W. R. Jackson (M. D. or other)
Address Maryville, Mo Date signed 3-23-42

(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 Clem M Price

Licensed Embalmer No. 1822

P. O. Address Maryville Mo

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.