

FILED MAY 23 1942

State File No. ....

Registrar's No. 9

Registration District No. 617

Primary Registration District No. 5819

1. PLACE OF DEATH:

(a) County Nodaway  
(b) City or town rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether years, months or days) About 60 yrs

3. (a) PRINT FULL NAME Margaret Elizabeth Bare

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Wid.  
6. (b) Name of husband or wife John Bare Deceased 6. (c) Age of husband or wife if alive 27 years  
7. Birth date of deceased July 27 1887  
(Month) (Day) (Year)

8. AGE: Years 84 Months 8 Days 21 If less than one day hr. min.

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

10. Usual occupation House Reper

11. Industry or business

12. Name William Goforth  
13. Birthplace Unknown Indiani  
(City, town, or county) (State or foreign country)  
14. Maiden name Layna Reaper  
15. Birthplace Unknown Indiani  
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Goforth

(b) Address Quincy Missouri

17. (a) Burial (b) Date thereof 4-20-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barnard Mo

18. (a) Signature of funeral director Amptall Funeral Home

(b) Address 951 South Main, Marshall Mo

19. (a) 4-20-42 (b) W.D. Barnes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nodaway  
(c) City or town Barnard  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 18  
year 1942 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb. 1 1942 to Apr - 18 1942  
that I last saw him alive on Apr - 18 - 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Miss Schenck  
Due to

Due to 97  
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  
(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. L. L. W. W. W. (M. D. counter)

Address Bale Row Mrs. Date signed 4/20

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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.....

*William Campbell*

Licensed Embalmer No. *2620*

P. O. Address *Manville 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, fact should be so stated above.**