

Registration District No. 687

Primary Registration District No. 5915

1. PLACE OF DEATH:

(a) County Pike
 (b) City or town Near Colia
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution name
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none
 (Specify whether
 In this community About 2 yrs
 years, months or days)

3. (a) PRINT FULL NAME

Andrew Barber

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male
 5. Color or race Black

6. (a) Single, widowed, married, divorced married
 6. (c) Age of husband or wife if alive 31 years

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

6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased Aug-20-1888
 (Month) (Day) (Year)

8. AGE: Years 53 Months 8 Days 10 If less than one day hr. min.

9. Birthplace Colia, Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business General Farm Work

12. Name Asberry Barber

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

14. Maiden name Caroline Houston

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

16. (a) Informant Essie Cookfield

(b) Address Colia Mo.

17. (a) Burial (b) Date thereof May 2-1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph Cemetery

18. (a) Signature of funeral director Joseph Hardward

(b) Address Colia Mo.

19. (a) May 27 (b) B. M. Hoach Deputy Registrar's signature

(Date received by registrar) (Registrar's signature)

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? no (Yes or No)
 If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30th
 year 1942 hour 10:00 minute 0 M.

21. I hereby certify that I attended the deceased from April 28 to April 30, 1942
 that I last saw him live on April 30, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 0

23. Signature L. P. Guy (M. D. or other)

Address Colia Mo Date signed 5-1-42

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

82000

RECEIVED

District Health Officer No. 10

District File Number 6-42-1257

Date Filed MUN - 5-10-19

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 Norman E. Gooch

Licensed Embalmer No. 2342

P. O. Address Eolia, 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.

Robert