

STANDARD CERTIFICATE OF DEATH

27048

State File No.

FILED SEP 11 1942

Registration District No. 101

Primary Registration District No. 5399

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Roy, Campbell sup
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wasper 49
(c) City or town Carthage Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Ervin Barcus

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

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Minnie Barcus

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

7. Birth date of deceased November 5 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 7 15 hr. min.

9. Birthplace Warsaw, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Frank Barcus

(b) Address Roy, Mo.

17. (a) Burial (b) Date thereof 6-21-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Goodhope

18. (a) Signature of funeral director Clinkingbeard Funeral H

(b) Address Ava, Missouri

19. (a) 9-5-42 (b) Shelma S. Waters
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1942 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 8 to June 20, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy Duration 2 weeks

Due to Hypertension ?

Due to 430

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 M. C. Identity (M. D. or other).....
Address Ava, Mo. Date signed 6-22-42

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

MOTHER FATHER

1056

m e. g.

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..... *W B Hutcherson*

Licensed Embalmer No. *3431*

P. O. Address..... *Ara MD*

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.