S. No. 2
M 5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 10 1942

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

27857

State File No.

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 56

**1. PLACE OF DEATH:**

(a) County Pemiscot

(b) City or town Caruthersville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 4 Months, 17 Days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Pemiscot

(c) City or town Caruthersville, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 207 12th, St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Barbra Fay Barry

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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 March (Month) 23, (Day) 1942 (Year)

8. AGE: Years 0 Months 4 Days 17 If less than one day hr. min.

9. Birthplace Caruthersville, (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name William Austin
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Imogene Barry
15. Birthplace Malden, (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Imogene Barry
(b) Address Caruthersville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/9/42 (Month) (Day) (Year)
(c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director H. B. Smith
(b) Address Caruthersville, Mo.

19. (a) 8-9-1942 (Date received local registrar) (b) Jessie N. Markey (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 9th, year 1942 hour 1 minute A. M.

21. I hereby certify that I attended the deceased from Aug 9th, 1942 to Aug 9th, 1942 that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death: Dehydration due to Cholera Acute — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 119a

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 0

23. Signature J. B. Luker (M. D. or other) MD

Address Caruthersville, Mo. Date signed 8-9-42

(Licensed Embalmer's Statement on Reverse Side)

9-42-23

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was Not embalmed by me, or by .....

body was not embalmed ....., Registered Apprentice No. .....,

working under my personal supervision.

Signed James A. Osborn

Licensed Embalmer No. 4185

P. O. Address Caribou Me

**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.**