

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34420

State File No.

FILED NOV 13 1942

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 161

1. PLACE OF DEATH

(a) County Nodaway
(b) City or town Maryville
(c) Name of hospital or institution St. Francis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution entire life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Eunide May Barber

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Female Color W
5. Age 17 years
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 17 years
7. Birth date of deceased Oct 17 1942
(Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business

12. Name John A. Barbarn
13. Birthplace Skidmore Missouri
(City, town, or county) (State or foreign country)
14. Maiden name ETHEL Francis Edwards
15. Birthplace Ravenwood Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant John A. Barber
(b) Address Maryville Mo.

17. (a) Burial (b) Date thereof Oct. 18 42
(City, town, or county) (Month) (Day) (Year)

(c) Place: burial or cremation Burlington Junction Mo

18. (a) Signature of funeral director Pace Funeral Home
(b) Address Maryville Mo.

19. (a) Oct 18 1942 (b) Mary Cole
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17
year 1942 hour 7 minute 30 p.m.

21. I hereby certify that I attended the deceased from 19..... to 19.....
that I last saw him alive on Oct 17
and that death occurred on the date and hour stated above.

Immediate cause of death Shock - due to
hemorrhage from
ruptured aorta
Due to hemorrhage a large edematous
card with hemorrhage around
Due to the

Other conditions 1600
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
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)
Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? 0 (Specify type of place) (a) Means of injury
23. Signature W.R. Jackson (M. D. or other)
Address Maryville, Mo Date signed 10-18

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

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Clara M. P. P.

Licensed Embalmer No.

1822

P. O. Address

Marionville, 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.