

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40987

State File No. ....

FILED JAN 15 1945

Registration District No. ....

Primary Registration District No. 4246

Registrar's No. 10

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

1. PLACE OF DEATH:

(a) County Jasper

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

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

(d) Length of stay: In hospital or institution: \_\_\_\_\_ (Specify whether  
In this community Always years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Carl Junction  
(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: \_\_\_\_\_

3. (a) PRINT FULL NAME Florence Barr

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Charley Barr 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 23 1910  
(Month) (Day) (Year)

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

32	6	19	hr. min.
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9. Birthplace Carl Junction Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name Claude Irelan

13. Birthplace Webb City Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Clara Wayfield

15. Birthplace Cartersville Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Charley Barr

(b) Address Carl Junction, Mo.

17. (a) Burial (b) Date thereof 12/15/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carl Junction Cemetery

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address 1502 Joplin St. Joplin, Mo.

19. (a) Dec. 15, 1942 (b) Mrs. Lillie Leigh  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12  
year 1942 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from 7-2-42, 1942, to 12-12-42, 1942;  
that I last saw him alive on 11-30-42, 1942,  
and that death occurred on the date and hour stated above.

Immediate cause of death: Adeno-Carcinoma Cecum Duration 6 months

Due to Appendiceal abscess  
(transposed viscera) Duration 5 months

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Damage Appendiceal abscess PHYSICIAN \_\_\_\_\_  
Of operations 7-3-42  
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)

(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 Walter Howard (M.D. or other) \_\_\_\_\_  
Address Joplin Mo. Date signed 12-15-42

1180

42-12-1027

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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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Jasper 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.**