

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42146

FILED JAN 13 1943

Registration District No. 325

Primary Registration District No. 4476

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Schuyler Co
(b) City or town Douglas
(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 76 years years, months or days)

3. (a) PRINT FULL NAME ELBERT LEE BARBEE

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 9 years (Month) (Day) (Year)

7. Birth date of deceased May 9 1866 (Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
76 7 14 hr. min.

9. Birthplace Near Douglas in Scotland Co Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Retired merchant

11. Industry or business

MOTHER FATHER { 12. Name Eliat Barbee
13. Birthplace Mo (City, town, or county) (State or foreign country)
14. Maiden name Anastasia T. Barbee
15. Birthplace Ky (City, town, or county) (State or foreign country)

16. (a) Informant Charlie & Ethel Barbee
(b) Address Douglas Mo.
17. (a) Burial (b) Date thereof Dec 26 1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Douglas Cemetery
18. (a) Signature of funeral director Logan Moore
(b) Address Douglas Mo.
19. (a) Dec 26, 1942 (b) W. H. Justice (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Schuyler Co
(c) City or town Douglas (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24 year 1942 hour 8 minute 30 M.

21. I hereby certify that I attended the deceased from 2 PM 1-1940 to Dec 24 1942 to Dec 24 1942 that I last saw him alive on Dec 23 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Heart
General Debility

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.

Of autopsy

Duration

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?

While at work (Specify type of place) (e) Means of injury ✓

23. Signature W. H. Justice (M. D. or other)
Address Douglas Mo. Date signed Dec 26 1942

1278

(Licensed Embalmer's Statement on Reverse Side)

1942

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

RECEIVED

District Health Officer No. 10

District File Number

Date Filed

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 me

Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

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.