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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 15 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7016

Registration District No. 847

Primary Registration District No. 5777

Registrar's No.

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

1. **PLACE OF DEATH:**
(a) County Miller
(b) City or town Tuscumbia (Rural) Equality
(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 years, months or days) In this community

2. **USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Miller
(c) City or town Tuscumbia (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. Equality Township
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Nancy Ellender Barron
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (g) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anthony B. Barron
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased October (Month) 18 (Day) 1868 (Year)

8. AGE: Years 74 Months 3 Days 19 If less than one day ____ hr. ____ min.

9. Birthplace Miller County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Ransom W. Crisp
13. Birthplace Kentucky (State or foreign country)

MOTHER
14. Maiden name Sarah Harbison (City, town, or county)
15. Birthplace Tennessee (State or foreign country)

16. (a) Informant J. B. Barron
(b) Address Kansas City, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Tuscumbia Cemetery
18. (a) Signature of funeral director Phillips Funeral Home
(b) Address Eldon, Missouri
19. (a) 2/8/43 (Date received local registrar) (b) H. C. Wright (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month February day 7
year 1943 hour 8 minute 25 P. M.

21. I hereby certify that I attended the deceased from June, 1937 to February 7, 1943 that I last saw her alive on Feb 7, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy Cerebral	1 Day
Due to Arterio Sclerosis	2 yrs
Due to	
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. E. Humphreys (M. D. or other)
Address Tuscumbia, Mo. Date signed 2-8-43

8 17

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miller County Health Dep't.
43-19
3/8/43

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.....

Louis D. Phillips, Registered Apprentice No.....,

working under my personal supervision.

Signed Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon

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.