

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. *1*

FILED MAR 18 1943

Registration District No. *301*

Primary Registration District No. *6040*

Registrar's No. *1888*

1. PLACE OF DEATH:

(a) County *Ripley Doniphan*  
(b) City or town *Doniphan*  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: *1st home*  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. *life* (Specify whether years, months or days)

3. (a) PRINT FULL NAME

*VERNA LOIS BARKS.*

3. (b) If veteran, name war. *✓*

3. (c) Social Security No. *✓*

4. *Female* 5. Color or race *white* 6. (a) Single, widowed, married, divorced. *Single*

6. (b) Name of husband or wife. *Infant* 6. (c) Age of husband or wife if alive. years

7. Birth date of deceased. *8-29-42*  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
*5 3* hr. min.

9. Birthplace *Ripley Co. Mo.*  
(City, town, or county) (State or foreign country)

10. Usual occupation *Infant*

11. Industry or business *Infant*

12. Name *Lu Barks*

13. Birthplace *Ripley Co. Mo.*  
(City, town, or county) (State or foreign country)

14. Maiden name *Verna Bingham*

15. Birthplace *Ripley Co. Mo.*  
(City, town, or county) (State or foreign country)

16. (a) Informant *Lu Barks*

(b) Address *Doniphan, Mo.*

17. (a) *Poyner, Mo.* (b) Date thereof. *2-2-43*  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Poyner, Mo.*

18. (a) Signature of funeral director *E. Jordan*

(b) Address *Doniphan*

19. (a) *2/5/43* (b) *E. Johnston*  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Feb.* day *1* year *1943*, hour *7*, minute *30* P. M.

21. I hereby certify that I attended the deceased from *1-15-43* to *2-1-43*, 19*43*, that I last saw her, alive on *2-1-43*, 19*43*, and that death occurred on the date and hour stated above.

Immediate cause of death

*Lobar Pneumonia* Duration *10 days*

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations. *100*

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?

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

23. Signature *Clifford Poyner* (M. D. or other)

Address *Doniphan Mo.* Date signed *2/2/43*

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

MOTHER FATHER

674

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 5.

District File Number 243/72

Date Filed Feb 22 - 72

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.....

Licensed Embalmer No. 8200

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.