

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **10874**
Registrar's No. **14**

Registration District No. **5780**

Primary Registration District No. **5780**

1. PLACE OF DEATH:

(a) County **Miller**
(b) City or town **Eldon (Rural)**
(c) Name of hospital or institution: **Rural Saline, Mo.**
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

3. (a) PRINT FULL NAME **John B. Barbour**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Effie Barbour** 6. (c) Age of husband or wife if alive **70** years
7. Birth date of deceased **January 25 1869**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 1 8 hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER { 12. Name **Christopher C. Barbour**
13. Birthplace **Missouri**
14. Maiden name **Albertine Taylor**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Effie Barbour**
(b) Address **Eldon, Missouri**
17. (a) **Burial** (b) Date thereof **3-5-1943**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Eldon Cemetery**

18. (a) Signature of funeral director **Phillips Funeral Home**
(b) Address **Eldon, Missouri**
19. (a) **3-5-43** (b) **H. H. Freeman**
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Miller**
(c) City or town **Eldon (Rural)**
(d) Street No. **Saline Township**
(e) Citizen of foreign country? (Yes or No) **0**
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **3rd**
year **1943** hour **1** minute **P.**
21. I hereby certify that I attended the deceased from **Dec 15th**
1942 to **March 3** **1943**
that I last saw him alive on **March 3** **1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis Sudden**
Acute Phlebitis
Due to **Acute Phlebitis**
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?

While at work? (Specify type of place) (c) Means of injury
23. Signature **H. H. Freeman** (M. D. or other)
Address **Eldon Mo** Date signed **3/5/43**

(Licensed Embalmer's Statement on Reverse Side)

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

315
24/43

RECEIVED

Miller County Health Dept.

County File # 43-21

Date Filed 3-22-43

MAR 24 1943

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.