

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17266

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Audrain Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 3 years years, months or days)

3. (a) PRINT FULL NAME Emma Maude Barbee

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

4. Sex XF 5. Color or race W 6. (a) Single, widowed, married, divorced 2W
6. (b) Name of husband or wife W. S. Barbee 6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased Dec. 17, 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 4 2 hr. min.

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

10. Usual occupation Retired

11. Industry or business

12. Name Wiltshire Kiethly
13. Birthplace St. Chas. County, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Harriett Lowellyn
15. Birthplace Pike County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Thurman Stallings

(b) Address Mexico, Missouri

17. (a) Burial (b) Date thereof 4/23/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vandalia, Missouri

18. (a) Signature of funeral director C. W. Arnold

(b) Address Mexico, Missouri

19. (a) 4-20-1943 (b) Margaret K Mackie
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 1216 S. Jefferson
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1943 hour 9 minute 29 M.

21. I hereby certify that I attended the deceased from April 16, 1943 to April 19, 1943
that I last saw him alive on April 19, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Septic thrombosis-illness 18 hrs
myocarditis chr.
Due to Valvular insufficiency cardiac
nephritis chr. parenchymatous
Due to Senility

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations 131b

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) (e) Means of injury
While at work?

23. Signature R. Williams (M. D. or other) MD
Address Mexico, Mo. Date signed 4/19/43

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

RECEIVED

District Health Officer No. 10

District File Number 5-43-928

Date Filed MAY 21 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3569

P. O. Address Mexico, 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.