

FILED SEP 10 1943 78

Registration District No. \_\_\_\_\_

Primary Registration District No. 3054

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County: Pike

(b) City or town: Louisiana  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Pike County Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 7 WEEKS  
(Specify whether)

In this community: 3 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Pike 822

(c) City or town: Louisiana 2  
(If outside city or town limits, write "RURAL")

(d) Street No.: 10 1/2 N 5th  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME: FAYE ELIZABETH BARNUM

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11  
year 1943 hour 5 minute 00 A. M.

21. I hereby certify that I attended the deceased from Aug 26  
1943 to Aug 11 1943  
that I last saw her alive on Aug 11 1943  
and that death occurred on the date and hour stated above.

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Howard G. BARNUM

6. (c) Age of husband or wife if alive: 23 years

7. Birth date of deceased: 7. 8. 1920 1921  
(Month) (Day) (Year)

Immediate cause of death: TUBERCULOSIS 1 mo.

8. AGE: Years Months Days If less than one day

22 1 3 hr. min.

Due to: Secondary Broncho-Pneumonia & Acute Glomerulo-Nephritis - 2 wks

Other conditions: Acute Hepatitis - 2 wks

9. Birthplace: Monticello, Mo  
(City, town, or county) (State or foreign country)

Major findings: Of operations: \_\_\_\_\_

Of autopsy: 260

PHYSICIAN: \_\_\_\_\_

Underline the cause to which death should be charged statistically.

10. Usual occupation: None

11. Industry or business: None

12. Name: Edward Aubuchon

13. Birthplace: St Louis Co Mo  
(City, town, or county) (State or foreign country)

14. Maiden name: NORA Thompson

15. Birthplace: Montgomery Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant: Mo Edward Aubuchon

(b) Address: Vandaria Mo

17. (a) Burial, cremation, or removal: At Riverside Cem.

(b) Date thereof: 8/12/43  
(Month) (Day) (Year)

18. (a) Signature of funeral director: J. H. H. H.

(b) Address: St Louis Mo

19. (a) Date received local registrar: 8/11/43

(b) Registrar's signature: [Signature]

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? \_\_\_\_\_

23. Signature: Robert L. Andrae M.D.  
(Specify type of place) (M. D. or other)

Address: Louisiana Mo Date signed: 8/11/43

(Licensed Embalmer's Statement on Reverse Side) **ROBERT L. ANDRAE, M. D.**

RECEIVED

District Health Officer No. 10

District File Number 9-43-1476

Date Filed SEP 9 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

*George O. Wagner*

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*George O. Wagner*

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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.