

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29648

ED SEP 2 1943

Registration District No. 374

Primary Registration District No. 6272

Registrar's No.

1. PLACE OF DEATH:

(a) County Worth
(b) City or town Rural, Allen Twp
(c) Name of hospital or institution: Denver, Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 40 yrs years, months or days)

3. (a) PRINT FULL NAME EMILY KOZAKH BAYREY

3. (b) If veteran,
name war.

3. (c) Social Security
No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married
1 divorced Married
6. (b) Name of husband or wife Clara Barber 6. (c) Age of husband or wife if
alive 63 years
7. Birth date of deceased Jan 4 1886
(Month) (Day) (Year)

8. AGE: Years 57 Months 6 Days 6 If less than one day
hr. min.

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

10. Usual occupation Housewife

11. Industry or business David Osborne

12. Name David Osborne

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Minda Jane

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

16. (a) Informant Clara Barber

(b) Address Denver Mo

17. (a) Burial (b) Date thereof July 11-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miller Cemetery

18. (a) Signature of funeral director Frank Bros

(b) Address Denver Mo

19. (a) Aug 5-1943 (b) Arline Scadden
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Worth
(c) City or town Rural, Denver, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Ves or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10
year 1943 hour 8 minute 40 A.M.

21. I hereby certify that I attended the deceased from
Feb 15 1941 to July 10 1943
that I last saw h. er alive on July 10 1943
and that death occurred on the day and hour stated above.

Immediate cause of death Metel infarction

Due to

Due to

Other conditions Acute hepatitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations 92 L
Of autopsy

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) Means of injury

23. Signature Charles H. Williamson (M. D. or other)
Address Denver, Mo Date July 21 1943

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

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.....

J. P. Bram

Licensed Embalmer No. 2947

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.