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5-17-3
PI X2

31734

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 5 1943

Registration District No. 138 Primary Registration District No. 4219 Registrar's No. 10

1. PLACE OF DEATH:

(a) County HICKORY

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

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

(d) Length of stay: In hospital or institution 1
(Specify whether)

In this community ALL OF LIFE
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HICKORY 043

(c) City or town WEAUBLEAU 0
(If outside city or town limits, write "RURAL")

(d) Street No. NONE
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country NO

3. (a) PRINT FULL NAME WILLIAM BARGER

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex 0 MALE 5. Color or race W

6. (a) Single, widowed, married, 2 divorced WIDOWED

6. (b) Name of husband or wife Eliza Rebecca 6. (c) Age of husband or wife if alive years

7. Birth date of deceased APRIL 5 - 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>8</u>	<u>3</u>	<u>4</u>	<u>23</u>
				hr. min.

9. Birthplace POLK COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

MOTHER FATHER

12. Name UNKNOWN

13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant CHARLIE BARGER

(b) Address WEAUBLEAU, MISSOURI

17. (a) BURIAL (b) Date thereof AUG. 29-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ROBINSON CEMETRY

18. (a) Signature of funeral director GILBERT HARHAWAY

(b) Address WHEATLAND, MISSOURI

19. (a) Sept. 2, 1943 (b) Mary F. Carlstrom
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 28
year 1943 hour 12 minute 40 A. M.

21. I hereby certify that I attended the deceased from Sept. 1940 to August 28, 1943
that I last saw him alive on August 28, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial failure

Due to senility

Other conditions (Include pregnancy within 3 months of death) 932

Major findings:
Of operations
Of autopsy

Duration
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 plw H. R. Easton (M. D. or other) hl. 0
Address 2 weaublean mo. Date signed Sept. 1 1943

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

3800

1094

(Licensed Embalmer's Statement on Reverse Side)

11943

RECEIVED

District Health Officer No. 7,

District File Number 9-43-955

Date Filed 10-4-43

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 Chas. Gilbert Hathaway

Licensed Embalmer No. 4267

P. O. Address Wheatland, Md

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.