

37831

S. No. 2  
-9-4-41  
5-17-39  
PI X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED DEC 10 1943  
Registration District No. 3010

Primary Registration District No. 3010

Registrar's No. 340

1. PLACE OF DEATH:

(a) County Cape  
(b) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Marquette Cement Plant 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 1/2 hrs.  
(Specify whether years, months or days) 4 1/2 hrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott 10030  
(c) City or town Illmo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. ....  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME Jesse Edwards Barbeau

3. (b) If veteran, name war ✓ 3. (c) Social Security No. 490-05-1864

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Belle Mispah Barbeau 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Feb 10, 1889  
(Month) (Day) (Year)

8. AGE: Years 54 Months 7 Days 26 If less than one day hr. min.

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

10. Usual occupation Scaler at Marquette Cement Plant

11. Industry or business

12. Name Tom Barbeau

13. Birthplace Don't know

14. Maiden name Addie Abell

15. Birthplace Don't know

16. (a) Informant Mrs J E Barbeau

(b) Address Illmo, Mo

17. (a) Burial (b) Date thereof Nov 8 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cape Co Mo

18. (a) Signature of funeral director B. S. Lingharts-Hobbs

(b) Address Illmo, Mo

19. (a) 11-8-43 (b) J. H. Phelps  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6 year 43 hour 3 minute 30 M.

21. I hereby certify that I attended the deceased from 11/6 1943 to 11/6 1943 that I last saw him alive on 11/6 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to hypertension

Due to arterio sclerosis

Other conditions (Include pregnancy within 3 months of death) 94a

Major findings: Of operations 94a Of autopsy

Duration

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) (e) Means of injury .....

23. Signature J. H. Phelps (M. D. or other) .....

Address Cape Girardeau, Mo Date signed 11/7/43

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

16  
1  
4

1014

(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4  
District File Number 1243-302  
Date Filed 12-8-43

APR 26 1958

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 Glenn Wilson

Licensed Embalmer No. 2828

P. O. Address Jackson 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.