

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

43268

FILED JAN 10 1944

Registration District No.

274

Primary Registration District No.

4407

Registrar's No.

377

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town La Monte
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Lydia Margaret Barb

3. (b) If veteran,

name war 1

3. (c) Social Security

No. 1

4. Sex

Female

5. Color or race

White

6. (a) Single, widowed, married,

2 divorced widow

6. (b) Name of husband or wife

Willard Barb

6. (c) Age of husband or wife if

alive 11 years

7. Birth date of deceased

Mar. 11 1874
(Month) (Day) (Year)

8. AGE:

Years

69

Months

9

Days

2

If less than one day

hr. min.

9. Birthplace

Mercker Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

12. Name

Nathan Schoonover

13. Birthplace

unknown Mo.
(City, town, or county) (State or foreign country)

14. Maiden name

Mar. E. Samples

15. Birthplace

unknown Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant

Oscar Barb

(b) Address

La Monte Mo.

17. (a)

Burial
(Burial, cremation, or removal)

(b) Date thereof

12-15-43
(Month) (Day) (Year)

(c) Place: burial or cremation

St. Pleasant Cem.

18. (a) Signature of funeral director

Ewing Turner Horn

(b) Address

La Monte Mo.

19. (a)

12/14/43
(Date received local registrar)

(b)

Anna Meyer
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis
(c) City or town La Monte
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(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

Dec.

day

13

year

1943

hour

9

minute

30 A.M.

21. I hereby certify that I attended the deceased from

Dec 12 1943 to Dec 13 1943

that I last saw him alive on Dec 13 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Heart attack

Duration

0

Due to

Heart attack 12-13-43

Due to

Angina Oct 12-43

Other conditions

(Include pregnancy, within 3 months of death)

PHYSICIAN

Major findings:

Of operations

Of autopsy

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

W. H. Walker

(M. D. or other)

Address

La Monte Mo

Date signed 12-13-43

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

FEB 20 1948

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-2-48

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

John E. Myers

Licensed Embalmer No. 3274

P. O. Address

Shelby, 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.