

FILED FEB 7 1944

Registration District No. 10

Primary Registration District No. 3002

State File No.

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Andrain Co
(b) City or town Mexico Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Andrain Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
7 days (Specify whether years, months or days)
In this community

3. (a) PRINT FULL NAME

LINDA BARR

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased January 23 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
only a few seconds hr. min.

9. Birthplace Andrain Hospital Mexico Mo
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name John H Barr

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

14. Maiden name Beculah Cook

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

16. (a) Informant John H Barr

(b) Address Montgomery City Mo

17. (a) Removal (b) Date thereof Jan 23 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City Mo

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

(b) Address Montgomery City Mo

19. (a) Jan 23 1944 (b) Margaret H. Machin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Montgomery
(c) City or town Montgomery City Mo
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23
year 1944 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan 23 1944 to Jan 23 1944
that I last saw her alive on Jan 23
and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth 5 1/2 months Duration

Due to Premature separation of placenta
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 Parine Fuller (M. D. or other) MD
Address Mexico, Mo. Date signed 1/23/44

RECEIVED

District Health Officer No. 10

District File Number 2-44-245

Date Filed FEB 3 1944

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.

*This Body was not
Embalmed*

Signed

Joseph A. Markler
Licensed Embalmer No. 3658

P. O. Address

Montgomery

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.