

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 448

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

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton

(c) Name of hospital or institution: State Hospital No. 12  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 3 yrs 8 m - 3 d  
(Specify whether In this community yes years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clark

(c) City or town Kalaska  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Walter Barr

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21  
year 1943 hour 3-40 minute P M.

21. I hereby certify that I attended the deceased from 2-9-42, 19\_\_\_\_, to 12-21-, 1943  
that I last saw him alive on 12-21-, 1943  
and that death occurred on the date and hour stated above.

4. Sex Male 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 (Day) (Year)

7. Birth date of deceased Mar 19 1881  
(Month) (Day) (Year)

Immediate cause of death acute Myocarditis

Due to Paresis

Due to \_\_\_\_\_

| 8. AGE: | Years     | Months   | Days     | If less than one day |
|---------|-----------|----------|----------|----------------------|
|         | <u>62</u> | <u>9</u> | <u>2</u> | hr. min.             |

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 30 f

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Common laborer

11. Industry or business \_\_\_\_\_

12. Name John Barr

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

14. Maiden name \_\_\_\_\_

15. Birthplace Ill 1  
(City, town, or county) (State or foreign country)

MOTHER FATHER {

16. (a) Informant Record

(b) Address \_\_\_\_\_

17. (a) Removal (b) Date thereof 12/29/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kirkville, Mo

18. (a) Signature of funeral director Glenn Y. Mangin

(b) Address 912 Court St. Fulton, Mo

19. (a) 12-29-1943 (b) Joe M. Moush...  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

(Specify type of place)

While at work? None (Specify type of place)

23. Signature Glenn Y. Mangin (M. D. or other) M.D.

Address Fulton Mo Date signed 12-21/43

**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 *Glen Y. Maupein*

Licensed Embalmer No. *2925*

P. O. Address *Fulton, 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.**