S. No. 2
—9-4-41
5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 9 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4791

Registration District No. 369 Primary Registration District No. 4538 Registrar's No. 2

1. PLACE OF DEATH:

(a) County Wayne
(b) City or town Piedmont
(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 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne 111
(c) City or town Piedmont 1
(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 William Sherman Barren
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Nettie Lee Barren
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased Oct (Month) 13 (Day) 1879 (Year)

8. AGE: Years 64 Months 1 Days 22 If less than one day ✓ hr. ✓ min.

9. Birthplace Walnut Hill (City, town, or county) Ill 1 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farm
FATHER
12. Name Riley Barren
13. Birthplace ✓ (City, town, or county) Ill 1 (State or foreign country)
MOTHER
14. Maiden name Alice Brable
15. Birthplace Unknown (City, town, or county) ✓ 9 (State or foreign country)
16. (a) Informant Raymond Barren 1
(b) Address Piedmont, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec (Month) 7 (Day) 1943 (Year)
(c) Place: burial or cremation Patterson
18. (a) Signature of funeral director [signature]
(b) Address Piedmont, Missouri
19. (a) 1-15-1944 (Date received local registrar) (b) Mrs. Lottie Manns (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5 year 1943 hour 8 minute 30 P.M.
21. I hereby certify that I attended the deceased from Jan, 1942 to Dec 5, 1943 that I last saw him alive on Dec 5, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrosis of [illegible]

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. ~~or other~~)
Address Piedmont, Mo. Date signed 1-10-44

1103

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 244-3270
Date Filed 2-5-44

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 me, Registered Apprentice No. , working under my personal supervision.

Signed Thomas W. Gish

Licensed Embalmer No. 3387

P. O. Address PIEDMONT, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.