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4-43  
7-39  
K36671

FILED MAY 12 1944

Registration District No. 170

Primary Registration District No. 3033

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Laclede  
(b) City or town Lebanon 515 Jackson St  
(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 \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede 53  
(c) City or town Oakland (Rural) 0  
(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 0

3. (a) PRINT FULL NAME LAURA BARR

3. (b) If veteran, name war ✓ 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Elizah E. Barr 6. (c) Age of husband or wife if alive 74 years  
7. Birth date of deceased Feb. 14. 1880  
(Month) (Day) (Year)

8. AGE: Years 64 Months 2 Days 9 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Green Briar Co. W.V. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name John Harrison Campbell  
13. Birthplace va. (City, town, or county) (State or foreign country)  
14. Maiden name Margret E. Gibson  
15. Birthplace va. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Bell Coonce  
(b) Address Lebanon mo.

17. (a) Burial (b) Date thereof 4-26-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation white Oak Pond

18. (a) Signature of funeral director W.E. Holman

(b) Address Lebanon mo.

19. (a) May 5 44 (b) Trace Roper  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23  
year 1944 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 22 1944 to April 23 1944  
that I last saw her alive on April 22 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal bronchial pneumonia 2 days  
Due to carcinoma breast 1 yr

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations 50

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) \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature James L. Hoyer (M. D. or other)  
Address Lebanon Mo. Date signed 4/29/44

1000

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

Received .....

Laclede County Health Unit

File No. .... 4-44-56 .....

Date Filed .... 5/11/44 .....

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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 *Dorsey M. Howe* .....

Licensed Embalmer No. *4222* .....

P. O. Address *Lebanon, 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.**