

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAY 15 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15946

State File No. \_\_\_\_\_

Registration District No. 251

Primary Registration District No. 6144

Registrar's No. 54

1. PLACE OF DEATH:

(a) County Shelby  
(b) City or town General North River  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1 - Surf  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 1 - Year years, months or days

3. (a) PRINT FULL NAME THEODORA BARR

3. (b) If veteran, name war No 3. (c) Social Security No. 500-16-5033

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Jessie May Barr 6. (c) Age of husband or wife if alive 26 years  
7. Birth date of deceased Apr. 23 1906 (Month) (Day) (Year)

8. AGE: Years 37 Months 11 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farming

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

12. Name J. A. Barr  
13. Birthplace Holt Tenn (City, town, or county) (State or foreign country)  
14. Maiden name Paula Groover  
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Paula Barr

(b) Address Emden No RR HOA 1

17. (a) Rural (Burial, cremation, or removal) (b) Date thereof Apr 24 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Emden Cemetery

18. (a) Signature of funeral director George J. Givens

(b) Address Holt Tenn

19. (a) 4-20-1944 (Date received local registrar) (b) Marjorie Grooch (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby  
(c) City or town Rural (If outside city or town limits, write "RURAL")  
(d) Street No. North River township (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 17 year 1944 hour 9:00 minute 15 P. M.

21. I hereby certify that I attended the deceased from Dec. 10 1943, to Apr. 17 1944, that I last saw him alive on Apr. 12 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Empyema left lung Duration 47 hours

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

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

Other conditions (Include pregnancy within 3 months of death) 110a

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 A. E. Shiver (M. D. or other) Do

Address Philadelphia Mo Date signed 4/18/44

(Licensed Embalmer's Statement on Reverse Side)

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

1093

RECEIVED

District Health Officer No. 10

District File Number 5-44-995

Date Filed MAY 12 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 ME

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed

Grover J. Givan

Licensed Embalmer No.

1754

P. O. Address:

Hunnell 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.