DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. P7246

FILED JUN 8 1944

Registration District No. 8 Primary Registration District No. 3000 Registrar's No. 125

1. PLACE OF DEATH:
(a) County: Adair
(b) City or town: Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Stickler Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Adair
(c) City or town: Kirksville
(If outside city or town limits, write "RURAL")
(d) Street No.: 1502 E. Jefferson
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Arthur N. Barb
3. (b) If veteran, name war:
4. (c) Social Security No. 491-14-3798
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Nona Belle Barb
6. (c) Age of husband or wife if alive: 64 years
7. Birth date of deceased: Sept. (Month) 2 (Day) 1876 (Year)

8. AGE: Years 67 Months 8 Days 11 If less than one day hr. min.

9. Birthplace: Schuyler Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Laborer.
11. Industry or business:
FATHER 12. Name: James F. Barb
FATHER 13. Birthplace: X (City, town, or county) Virginia (State or foreign country)
MOTHER 14. Maiden name: Sarah North
MOTHER 15. Birthplace: X (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Nona Belle Barb
(b) Address: Kirksville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/44 (Month) (Day) (Year)
(c) Place: burial or cremation: Downing, Missouri
18. (a) Signature of funeral director: D. E. Riley
(b) Address: Kirksville, Mo.
19. (a) 5/16/44 (Date received local registrar) (b) Mrs. J. L. Wagner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13 year 1944 hour 2:30 minute A. M.
21. I hereby certify that I attended the deceased from May 8 1944, to May 13 1944, that I last saw him alive on May 18 1944, and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: myocarditis acute | |
| Due to: | |
| Due to: | |
| Other conditions: Hypertension (Include pregnancy within 3 months of death) | |
| Major findings: Of operations: 930 | |
| 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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: R. O. Stickler (M. D. or other) M.D.
Address: Kirksville Mo Date signed 5-15-44

1049

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District File Number 6-44-1057
JUN 7 1944
Date Filed

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 D E Riley

Licensed Embalmer No. 4181

P. O. Address Kirksville 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.**