

FILED JUL 13 1944

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 314

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Residence--2002 Schifferdecker
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 50 years / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL") 3
(d) Street No. 2002 Schifferdecker
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Benson R. Barber

3. (b) If veteran, name war Spanish-American 3. (c) Social Security No. 702-07-2716

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida A. Barber
6. (c) Age of husband, or wife, alive 62 years
7. Birth date of deceased February 23, 1882
(Month) (Day) (Year)

8. AGE: Years 62 Months 4 Days 2 If less than one day hr. min.

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

10. Usual occupation Retired Locomotive Eng.

11. Industry or business Frisco Railroad

12. Name W. Barber
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Maria J. Johnson
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ida A. Barber

(b) Address 2002 Schifferdecker, Joplin,

17. (a) Burial (b) Date thereof 6-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial Park

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address Joplin, Missouri

19. (a) 6-26-44 (b) J. Schifferdecker
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month June day 25
year 1944 hour 6:25 A. Minute 0 M.

21. I hereby certify that I attended the deceased from Jan 15 1943 to June 25 1944
that I last saw him live on June 24 1944
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Cardiac failure 2 years

Due to Coronary disease without

Due to undetermined

Other conditions (Include pregnancy within 3 months of death) none

Major findings: Of operations

Of autopsy 94a

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Mo

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 P. R. Loney (M. D. or other)

Address Joplin, Mo Date signed 6-26-44

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

9
2
5

1264

44-6-521

SEP 22 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ~~me~~, or by.....

Richard Gray Lewis, Registered Apprentice No. *360*
working under my personal supervision.

Signed *Herry T. Fullcut*

Licensed Embalmer No. *959*

P. O. Address *Jupiter, Fla*

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.