

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 24 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25244

25244

Registration District No. 229

Primary Registration District No. 5809

Registrar's No. 35

1. PLACE OF DEATH:

- (a) County Montgomery
(b) City or town near Mineola Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(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 yrs (years, months or days)

3. (a) PRINT
FULL NAME

Irving WESLEY BARR

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex Male

5. Color or
race white

6. (a) Single, widowed, married,
divorced widowed

6. (b) Name of husband or wife

Frances Ida Barr

6. (c) Age of husband or wife if

alive 84 years

7. Birth date of deceased

(Month)

(Day)

(Year) 10 1860

8. AGE:

Years

Months

Days

If less than one day

83

7

16

hr.

min.

9. Birthplace

Ain Harbor Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation

machinist

11. Industry or business

Cornelius Barr

12. Name

Cornelius Barr

13. Birthplace

Michigan
(City, town, or county) (State or foreign country)

14. Maiden name

Mary Barr

15. Birthplace

Michigan
(City, town, or county) (State or foreign country)

16. (a) Informant

Mrs. P. K. Kneplein

(b) Address

Mineola Mo

17. (a)

Burial

(b) Date thereof

June 26 1944
(Month) (Day) (Year)

(c) Place: burial or cremation

Montgomery Cemetery

18. (a) Signature of funeral director

J. A. Carlow

(b) Address

Montgomery City Mo

19. (a)

6-26-44

(b) Registrar's signature

Mrs. Oliver Swift

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri County Montgomery
(b) City or town near Mineola Mo
(If outside city or town limits, write "RURAL")
(c) Street No. 70
(If rural, give location)
(d) Citizen of foreign country? NO (Yes or No)
If yes, name country U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
year 1944 hour 9 minute 15 M.

21. I hereby certify that I attended the deceased from

6/17 1944 to 6/19 1944
that I last saw him alive on 6/19 1944
and that death occurred on the date and hour stated above.

Immediate cause of death

Cardiac Decompensation Duration 7 days

myocardial

Due to Chronic myocarditis 10 yrs

Chronic arteriosclerosis 10 yrs

Chronic hypertension 10 yrs

Other conditions
(Include pregnancy within 3 months of death)

refractory

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)

23. Signature J. A. Carlow M.D. or other

Address Montgomery City Mo Date signed 6/26/44

This body was not Embalmed

J. J. J. J.
License No. 3658 MO

RECEIVED

District Health Officer No. 9,

STATEMENT BY LICENSED EMBALMER

District File Number.....

Date Filed 7-21-44

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.....

Licensed Embalmer No.....

P. O. Address.....

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.