

FILED AUG 24 1944  
Registration District No. 372

Primary Registration District No. 4043

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

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Seymour

(c) Name of hospital or institution:

(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_)

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster 1/2

(c) City or town Seymour

(If outside city or town limits, write "RURAL") 0

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_ 0

3. (a) PRINT FULL NAME Ollie Alabama Barnhouse

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Charley Barnhouse

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased: (Month) 8 (Day) 6 (Year) 1876

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

9. Birthplace WRIGHT, Co. Mo. 0

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

10. Usual occupation house wife

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

MOTHER FATHER { 12. Name JOHN Brixey

13. Birthplace Mo. 0

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

14. Maiden name LUCINA CHILDRESS

15. Birthplace Mo. 0

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

16. (a) Informant Charley Barnhouse

(b) Address Seymour, Mo.

17. (a) Burial (b) Date thereof 7-7-44

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation George Cemetery

18. (a) Signature of funeral director Talley-Ferrell

(b) Address Seymour, Mo.

19. (a) July 10 (b) Gilbert Jones

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6

year 1944 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from 5/30/44

\_\_\_\_\_ 19. to 7/6/44 19. \_\_\_\_\_

that I last saw her alive on 7/6/44

and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of pancreas 3 mo

Due to Metastasis to Liver

Due to Myocardial Degeneration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations H69

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) (e) Means of injury \_\_\_\_\_

23. Signature Dr. J. R. Hill (M. D. or other) J. R. Hill

Address Seymour, Mo. Date signed 7/6/44

RECEIVED

District Health Officer No. 6,

District File Number

844-957

Date Filed

AUG 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 by me, or by.....

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

Signed J. H. Kelley

Licensed Embalmer No. 3334

P. O. Address Seymour 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.**