

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 2 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31544

State File No. _____

Registration District No. 296

Primary Registration District No. 5985

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Big Piney *Piney Forge*
(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)

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

In this community _____
years, months or days)

3. (a) PRINT FULL NAME James Eugene Barr

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced ✓

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____ 4 _____ 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
5 15 _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name James Warney Barr
13. Birthplace Dixon Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Nina Fern Coleman
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant James Warney Barr
(b) Address Big Piney, Missouri

17. (a) Burial (b) Date thereof 9/21/1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Big Piney

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address Dixon, Missouri

19. (a) 9-25-1944 (b) John M. Dordt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski 25

(c) City or town Big Piney
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 19
year 1944 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from Sept 18
1944 to Sept 19, 1944

that I last saw him alive on Sept 18 1944

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

Immediate cause of death Inanition

Due to Dehydration 1 week

Due to Acute Diarrhea Quick

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration 2 day

1 week

Quick

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) (Means of injury)

23. Signature Richard E. Myers (M. D. or other) DO

Address Meriden, Mo. Date signed Sept 20

OCT 19 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.....

Sept 19-44
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Frederick D. Gilbert

Licensed Embalmer No. 2341

P. O. Address Dixon, Missouri

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.