

FILED NOV 8 1944

Registration District No. 2066 Primary Registration District No. 5743

Registrar's No. 64

1. PLACE OF DEATH:  
(a) County Madison  
(b) City or town Buckhorn, Mo  
(c) Name of hospital or institution: Big Creek Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
In this community 1  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County Madison  
(c) City or town Buckhorn, Mo  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME James P Barry  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 10 day 10  
year 1944 hour \_\_\_\_\_ minute 2 A M.

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced MI  
6. (b) Name of husband or wife Alice Barry 6. (c) Age of husband or wife if alive 61 years  
7. Birth date of deceased 10-11-1879  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 9<sup>th</sup> 1944 to Oct 10<sup>th</sup> 1944  
that I last saw him alive on Oct 9<sup>th</sup> 1944  
and that death occurred on the date and hour stated above.

8. AGE: Years 65 Months 11 Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Memoria Duration 3 days  
Due to Retention caused by Cancer of Prostate and Bladder 18 mo.

9. Birthplace Buckhorn, Mo (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Farm

Major findings: Of operations 518 Of autopsy \_\_\_\_\_ PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
12. Name James Barry  
13. Birthplace Buckhorn, Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Edith Johnson  
15. Birthplace Buckhorn, Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Christie Barry

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof 10-12-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? \_\_\_\_\_

(c) Place: burial or cremation Buckhorn, Mo

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Edman  
(b) Address Madison Mo

23. Signature J. C. Haughey (M. D. or other) \_\_\_\_\_  
Address 133 N. Main, Buckhorn Date signed 10-12-44

19. (a) Oct 12 1944 (b) S. C. Slawson  
(Date received local registrar) (Registrar)

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

2000

RECEIVED

District Health Officer No. 4  
District File Number 1144-4502  
Date Filed 11-6-44

NOV 16 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.....

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.**