

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24998

FILED NOV 8 1944

Registration District No. 21944

Primary Registration District No. 3052

Registrar's No. 351

1. PLACE OF DEATH:

(a) County PETTIS
(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 601 W. 4TH ST.
(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 LIFE years, months or days

3. (a) PRINT FULL NAME CLYDE B. BARGE

3. (b) If veteran, name war _____ 3. (c) Social Security No. 494-16-4111

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife EVA MAE 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased 7 - 2 - 1883 (Month) (Day) (Year)

8. AGE: Years 61 Months 3 Days 22 If less than one day hr. min.

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

10. Usual occupation PAINTER (RETIRED)

11. Industry or business

12. Name JOSHUA BARGE
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
14. Maiden name SUSAN RHODES
15. Birthplace OHIO (City, town, or county) (State or foreign country)

16. (a) Informant MRS C.B. BARGE

(b) Address SEDALIA

17. (a) BURIAL (b) Date thereof 10-26-44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CROWN HILL CEMETERY

18. (a) Signature of funeral director Gillispie

(b) Address SEDALIA

19. (a) 10-25-44 (b) Mrs Anna Berger (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS
(c) City or town SEDALIA (If outside city or town limits, write "RURAL")
(d) Street No. 601 W. 4TH ST. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 24TH year 1944 hour 1 minute 35 P. M.

21. I hereby certify that I attended the deceased from 7-27, 1993, to 10-24, 1944
that I last saw him alive on 10-24, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure
Due to Chronic myocarditis
Coronary occlusion
Due to Coronary insufficiency

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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: J.M. Rodman (M.D. or other) MO.
Address Sedalia, Mo Date signed 10-25-44

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

Health Officer No. 3,

Number

11-7-44

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

L. E. Boulton

Licensed Embalmer No.

3867

P. O. Address

Seaside 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.