

FILED DEC 7 1944
Registration District No. _____

Primary Registration District No. 4875

Registrar's No. 94

1. PLACE OF DEATH:

(a) County Holt
(b) City or town Oregon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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 Lifetime
years, months or days)

3. (a) PRINT FULL NAME Anna Laura Barbour

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 Single

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

7. Birth date of deceased August 9 1868
(Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days 14 If less than one day hr. _____ min. _____

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name David A. Barbour
13. Birthplace Carlyle Penna
(City, town, or county) (State or foreign country)
14. Maiden name Anna M. Pollock
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Kate Barbour
(b) Address Oregon, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 26 1944
(Month) (Day) (Year)
(c) Place: burial or cremation Oregon, Missouri

18. (a) Signature of funeral director James H. Pettigah
(b) Address Bryson Mo
19. (a) 11-26-44 (Date received local registrar) (b) Pauline Dawson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt
(c) City or town Oregon
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 23
year 1944 hour 1 minute 30 AM.

21. I hereby certify that I attended the deceased from Nov. 1,
1944 to Nov. 23, 1944
that I last saw her alive on Nov. 23, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Duration 4 days
Due to Essential hypertension
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 94a
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?
(Specify type of place) _____
While at work? (e) Means of injury _____

23. Signature E. F. Rumsig (M. D. or other)
Address W. 29th Mo Date signed 12-2-44

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

MAY 19 1941

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

James H. Pettigrew

Licensed Embalmer No.

03192

P. O. Address

Oregon 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.