

FILED JAN 4 8 1945

Registration District No. 80

Primary Registration District No. 4142

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Russellville Mo.
(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)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26
(c) City or town Russellville
(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 _____

3. (a) PRINT FULL NAME MARY FRANCIS 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 Married
6. (b) Name of husband or wife H.R. Barbour 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 16 1889
(Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 16 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name Robert Steimbogen

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Spivey

15. Birthplace Russellville Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant H.R. Barbour

(b) Address Russellville Mo.

17. (a) Burial (b) Date thereof 12-19-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FAIRFAX, ILL.

18. (a) Signature of funeral director Walter L. Lurie

(b) Address Russellville Mo.

19. (a) Dec. 19-44 (b) Wm. E. W. Plummers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17
year 1944 hour 4 minute 20 P.M.

21. I hereby certify that I attended the deceased from Dec. 10 1944 to Dec 17 1944
that I last saw her alive on Dec. 16 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration today

Due to _____
Due to 8:30

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:

(c) 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 Walter L. Lurie (M. D. or other) _____

Address Russellville Mo. Date signed 12-19-44

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

MOTHER FATHER

JUL 21 1952

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed..... 1-3-45

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

G. M. Steffens

Licensed Embalmer No. 2307

P. O. Address

Russellville, 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.