

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9613

State File No. _____

Registrar's No. 18

FILED MAR 16 1945

Primary Registration District No. 5444

1. PLACE OF DEATH

(a) County Gentry (Achieve Inf)
(b) City or town Albany
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 yrs
In this community Lifetime Specify whether
years, months or days

3. (a) PRINT FULL NAME Maurice Higdon Bare

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

4. Sex Male 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 May 7 1911
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
33 9 14 hr. min.

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

10. Usual occupation Clerk

11. Industry or business _____

12. Name Allen T. Bare
13. Birthplace Albany Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Theresa Higdon
15. Birthplace Albany Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Larnest Lima
(b) Address Omaha, Neb.

17. (a) Burial (b) Date thereof 2/24/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandview

18. (a) Signature of funeral director Chas. Brooks

(b) Address Albany, Mo.

19. (a) Feb 23-1945 (b) Harold H. Tabor
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gentry 39
(c) City or town Albany 1
(If outside city or town limits, write "RURAL") 0
(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 Feb day 21
year 1945 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from Feb 1 1945 to Feb 21 1945
that I last saw him alive on Feb 21
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to _____
Due to _____

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

Major findings: _____
Of operations 83R
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)
(e) Means of injury _____

23. Signature J. N. Barger (M. D. or other) _____
Address Albany, Mo. Date signed 2-21-45

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed

Clifford Brooks

Licensed Embalmer No. 3329

P. O. Address

Albany 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.