S. No. 2
M—8-43
. 5-17-39
P I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24384

State File No.

FILED AUG 13 1945

Registration District No. 178 Primary Registration District No. 5666 Registrar's No. 58

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

1. PLACE OF DEATH:
(a) County Lewis (b) City or town Maywood Union
(If outside city of 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 (Specify whether.
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Lewis
(c) City or town Maywood (If outside city or town limits, write "RURAL")
(d) Street No. 1/4 mile N. Maywood (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM DAVIS BARR
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male
5. Color or race W
6. (a) Single, ~~Widowed~~, married, ~~divorced~~ Married
6. (b) Name of husband or wife Sarah Elizabeth Barr
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased Sept (Month) 22 (Day) 1861 (Year)

8. AGE: Years 83 Months 9 Days 22 If less than one day hr. min.

9. Birthplace La Harpe (City, town, or county) Ill (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

MOTHER FATHER
12. Name Jeremiah B. Barr
13. Birthplace Tipton Star Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Sarah Lavada Cochran
15. Birthplace Zanesville Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ralph McReynolds
(b) Address 2300 York St, Quincy Ill.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 16 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Maywood Cemetery
18. (a) Signature of funeral director A. L. Chambers
(b) Address Maywood Mo.
19. (a) 7/17/45 (Date received local registrar) (b) P. W. Jennings M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14th year 1945 hour 7 minute 10 P.M.
21. I hereby certify that I attended the deceased from October 1st, 1944 to July 14th 1945; that I last saw him alive on July 14th 1945; and that death occurred on the date and hour stated above.

Immediate cause of death — Carcinoma of Stomach — Duration 9 Mos
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) Myocardial Damage Arteriosclerosis 5 yrs

Major findings:
Of operations ✓
Of autopsy ✓ Yes

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 Ralph McReynolds M.D. or other)
Address Quincy Ill. Date signed 7/15/45

9411

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
OCT 1 1945
District Health Officer No. 10
District File Number 8-45-1209
Date Filed AUG 10 1945

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 C. W. Chamblin

Licensed Embalmer No. 3766

P. O. Address Maywood, 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.