

FILED AUG 18 1945

Registration District No.

Primary Registration District No.

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Camden
 (b) City or town Richland
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Rural Angeles Hosp
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community _____ years, months or days)

3. (a) PRINT FULL NAME Andrew Jackson Barger

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Minta Barger 6. (c) Age of husband or wife if alive 68 years
 7. Birth date of deceased Dec 23 1866
 (Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 9 If less than one day hr. min.

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

10. Usual occupation Carpenter & Contractor

11. Industry or business Contractor

12. Name Geo Barger

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

14. Maiden name Margaret Unknown

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

16. (a) Informant Minta Barger

(b) Address Richland Mo

17. (a) Rural (b) Date thereof July 5-1945
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Lawn

18. (a) Signature of funeral director R B Trupee

(b) Address Richland Mo

19. (a) July 26-45 (b) Erleb Nelson
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2nd
 year 1945 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 2 1945 to July 2 1945
 that I last saw him alive on July 2 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure - instantly
Arteriosclerosis 8 years

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy no 97

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 Over H A Oliver (M. D. or other)

Address Richland Mo Date signed 7/2/1945

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

1337

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 7-45-840
Date Filed 8-14-45

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 _____

Licensed Embalmer No. 3198

P. O. Address Richland

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.