S. No. 2
M—8-43
. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31596

State File No.

Registration District No. 232 Primary Registration District No. 6193 Registrar's No. 28

1. PLACE OF DEATH:

(a) County: Taney

(b) City or town: Rural O - Oliver Lewis
(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 (Specify whether years, months or days)

In this community: 60 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Taney - 106

(c) City or town: Rural, 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: ALBERT CLARENCE BARGER.

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Eda Barger

6. (c) Age of husband or wife if alive: 60 years

7. Birth date of deceased: Oct - 11th 1880
(Month) (Day) (Year)

8. AGE: Years 64 Months 10 Days 2 If less than one day hr. min.

9. Birthplace: Boone Co - Ark. /
(City, town, or county) (State or foreign country)

10. Usual occupation: Merchant, retail

11. Industry or business: Grocery + Feed, retail

MOTHER FATHER

12. Name: George Marion Barger.

13. Birthplace: Ark. /
(City, town, or county) (State or foreign country)

14. Maiden name: Lizzie Benton

15. Birthplace: Ark /
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Eda Barger.

(b) Address: Hollister, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date: Aug. 16-45
(Month) (Day) (Year)

(c) Place: burial or cremation: Branson Mo

18. (a) Signature of funeral director: R. O. Whelchel

(b) Address: Branson Mo

19. (a) Sept 2-45 (Date received local registrar) (b) Mary Muller (Registrar's signature)

1106

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13 year 1945 hour 9:00 minute A.M.

21. I hereby certify that I attended the deceased from 8/12, 1945, to 8/13, 1945; that I last saw him alive on 8/12, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis	1 day
Due to: Don't Know.	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
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: Harry T. Evans (M. D. or other) M.D.

Address: Branson Mo. Date signed 8/13/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 945-972
Date Filed SEP 20 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 Minnie L. Whelchel

Licensed Embalmer No. 2277

P. O. Address Branson 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.