

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6712**

FILED MAR 1 1946

Registration District No. **2**

Primary Registration District No. **3054**

Registrar's No. **1**

1. PLACE OF DEATH:

(a) County **Pike**
(b) City or town **Louisiana**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Pike Co. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 Week**
(Specify whether
In this community **lifetime**
years, months or days)

3. (a) PRINT FULL NAME **Joseph Asbury Barnum**

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 **Verna Elizabeth Barnum** 6. (c) Age of husband or wife if alive **55** years

7. Birth date of deceased **Feb. 2 1989**
(Month) (Day) (Year)

8. AGE: Years **56** Months **11** Days **12** If less than one day hr. min.

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

10. Usual occupation **Laborer**

11. Industry or business **Nusuary**

12. Name **William M. Barnum**

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

14. Maiden name **Nellie Marsh**

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

16. (a) Informant **Mrs. Joseph A. Barnum**

(b) Address **Louisiana, Mo.**

17. (a) **Burial** (b) Date thereof **Jan. 16-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Riverview Cem.**

18. (a) Signature of funeral director **Garner & Sterne**

(b) Address **Louisiana, Missouri**

19. (a) **Jan. 16/46** (b) **Margaret E. Stephens**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pike**
(c) City or town **Louisiana**
(If outside city or town limits, write "RURAL")
(d) Street No. **1315 South Carolina**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **14**
year **1946** hour **2** minute **06 A.M.**

21. I hereby certify that I attended the deceased from **3/13/45** to **1/13/46**
that I last saw him alive on **1/13/46** and that death occurred on the date and hour stated above.

Immediate cause of death **Detachable atherosclerosis of heart** Duration

Due to **Cerebrovascular disease of unknown origin**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **Ar. of heart** PHYSICIAN

Of autopsy **none** 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) **none**
(b) Date of occurrence **none**
(c) Where did injury occur? **none**
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work **no** (Specify type of place) Means of injury **no**

23. Signature **Benjamin** (M. D. or other) Address **Louisiana, Missouri** Date signed **1/14/46**

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RECEIVED

District Health Officer No. 10

District File Number 2-46-315

Date Filed FEB 28 1946

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

J. B. Sterne

Licensed Embalmer No. 4039

P. O. Address Louisiana, 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.