

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED APR 4 1946 STANDARD CERTIFICATE OF DEATH

State File No. 9986

Registration District No. 179

Primary Registration District No. 5669

Registrar's No. 21

1. PLACE OF DEATH:

- (a) County LINCOLN
 (b) City or town RURAL (HAWK POINT TWP)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1

(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 JOHN MARTIN BARBEE

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 WIDOWED

6. (b) Name of husband or wife MARtha JANE CAPE 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased FEBRUARY 26 1863
 (Month) (Day) (Year)

8. AGE: Years 83 Months 0 Days 19 If less than one day hr. min.

9. Birthplace HAWK POINT MISSOURI
 (City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business OWN FARM

12. Name CHARLES L. BARBEE
 13. Birthplace ALBANY LOUISIANA FRANCE
 (City, town, or county) (State or foreign country)
 14. Maiden name ELIZABETH MOSLEY
 15. Birthplace UNKNOWN KENTUCKY
 (City, town, or county) (State or foreign country)

16. (a) Informant EUGENE BARBEE (SON)

- (b) Address HAWK POINT, MISSOURI

17. (a) BURIAL (b) Date thereof MAR. 19 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation HAWK POINT CEM. LINCOLN MO

18. (a) Signature of funeral director Kempner Funeral Home

- (b) Address Ray, Missouri

19. (a) 3-18-1946 (b) Mrs Emma B. Riddle
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MISSOURI (b) County LINCOLN
 (c) City or town RURAL (HAWK POINT TWP)
 (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 MARCH day 17
 year 1946 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from march 1
 _____, 1946 to march 17, 1946;

that I last saw him alive on march 17, 1946, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

myocarditis, acute

Due to myocarditis, chronic

Due to _____

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

Major findings: _____ PHYSICIAN _____
 Of operations _____

Of autopsy 93d 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?

While at work? _____ (Specify type of place)
 (e) Means of injury 0

23. Signature JBS Harn (M. D. or other) _____

Address Ray, MO Date signed 3-18-46

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

MAY 15 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.....

Licensed Embalmer No.....

P. O. Address.....

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.