

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10494

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County TRIPLE
(b) City or town NAYLOR
(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 5 YEARS (Specify whether years, months or days)
In this community years, months or days

3. (a) PRINT FULL NAME

MINNIE MAUD BARREE

3. (b) If veteran, name war ✓

3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years
7. Birth date of deceased FEB. 22 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 26 hr. min.

9. Birthplace WENTZVILLE MO.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name ANDREW W. WOODS
13. Birthplace WENTZVILLE MO.
(City, town, or county) (State or foreign country)
14. Maiden name PATIENCE JENKINS
15. Birthplace WENTZVILLE MO.
(City, town, or county) (State or foreign country)

16. (a) Informant BERTHA PIERCE
(b) Address CLARKTON MO
17. (a) BURIAL (b) Date thereof 3-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation NAYLOR MO

18. (a) Signature of funeral director MINNIE OISH
(b) Address NAYLOR MO
19. (a) 3-20-46 (b) JOHNSTON
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County TRIPLE
(c) City or town NAYLOR
(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 MAR day 18
year 1946 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from MAR 11 to MAR 18, 1946
that I last saw him alive on MAR 17, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death arterial thrombosis
Due to
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? (c) Means of injury

23. Signature JOHNSTON (M. D. or other)
Address MEELYVILLE MO Date signed March 23-46

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

277

(Licensed Embalmer's Statement on Reverse Side)

23-46

APR 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.....

Bryan McCord

Licensed Embalmer No. *4079*

P. O. Address *Waylor, 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.