S. No. 2
M—2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 7 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19116

Registration District No. 323 Primary Registration District No. 6089 Registrar's No. 44

1. PLACE OF DEATH:

(a) County: Saline

(b) City or town: Rural Elmwood Twp
(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: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Saline 97

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

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

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

If yes, name country ____

3. (a) PRINT FULL NAME: LITTLETON ASBURY BARGER

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

4. Sex: M 5. Color or race: W 6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Sarah Margret Barger 6. (c) Age of husband or wife if alive: 74 years

7. Birth date of deceased: Feb. 29 - 1864 (Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 4 If less than one day ____ hr. ____ min.

9. Birthplace: Saline Co. (City, town, or county) Mo (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business ____

MOTHER FATHER

12. Name: Ira Barger

13. Birthplace: ____ (City, town, or county) Virg. (State or foreign country)

14. Maiden name: Sarah Lindsey

15. Birthplace: ____ (City, town, or county) Virg (State or foreign country)

16. (a) Informant: Mrs L. A. Barger

(b) Address: Shackelford Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-[redacted]-1946 (Month) (Day) (Year)

(c) Place: burial or cremation: Hazel Grove Cem. Saline Co. Mo

18. (a) Signature of funeral director: Harry Herschberger

(b) Address: Marshall Mo

19. (a) 5/10/46 (Date received local registrar) (b) Dolly Andrew (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 3 year: 1946 hour: 5 minute: 00 P.M.

21. I hereby certify that I attended the deceased from Oct 10, 1945 to May 3, 1946 that I last saw him alive on May 1, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma Prostate — Duration: 7 Mos

Due to: ____

Due to: ____

Other conditions: None
(Include pregnancy within 3 months of death)

Major findings:
Of operations: 5/6
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): No

(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: [illegible] M.D. (M. D. or other)

Address: Marshall Mo Date signed: 5/6/46

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(Licensed Embalmer's Statement on Reverse Side)

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

17993

6-6-46

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 Harry Hershberger

Licensed Embalmer No. 4357

P. O. Address Marshall 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.