

**FILED** JUL 29 1946

Registration District No. 5

Primary Registration District No. 4016

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Atchison  
(b) City or town Tarkio  
(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 6 weeks (Specify whether years, months or days)  
In this community 6 weeks

3. (a) PRINT FULL NAME SARAH ANNA BARR

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced wid  
6. (b) Name of husband or wife John Albert Barr 6. (c) Age of husband or wife if alive 8 years  
7. Birth date of deceased August 1860  
(Month) (Day) (Year)

8. AGE: Years 85 Months 10 Days 14 If less than one day hr. min.

9. Birthplace Naperville Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

MOTHER { 12. Name Christain Kendig  
13. Birthplace Penn  
(City, town, or county) (State or foreign country)  
14. Maiden name Julia Dunlap  
15. Birthplace Penn  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. N.A. Guyette  
(b) Address Tarkio, Mo.  
17. (a) burial (b) Date thereof 6/25/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burlington Jct, Mo.  
18. (a) Signature of funeral director Davis Funeral Home  
(b) Address Tarkio, Mo.  
19. (a) 6-24-46 (b) Dr. R. D. Cunningham  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodoway 74  
(c) City or town Burlington Jct. (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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22  
year 1946 hour 5 minute 50p. M.

21. I hereby certify that I attended the deceased from March 1 to June 22, 1946  
that I last saw him alive on June 5, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 245  
Duration

Due to

Due to

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

Major findings: Of operations ---

Of autopsy --- 938

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?

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

23. Signature Ch. H. H. H. (M. D. #---)  
Address Tarkio, Mo. 6/24/46 Date signed

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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.....

*Mo. M. Davis*

Licensed Embalmer No. 2394

P. O. Address.....Tarkio, 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.**