

**FILED NOV 7 1946**  
**STANDARD CERTIFICATE OF DEATH**

State File No. \_\_\_\_\_

Registration District No. 272

Primary Registration District No. 4803

Registrar's No. 59

**1. PLACE OF DEATH:**

(a) County Pemiscot  
(b) City or town Steele Mo.  
(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 home  
(Specify whether \_\_\_\_\_)  
In this community 17 yrs  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Pemiscot 78  
(c) City or town Steele Mo. 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ 0  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No) 0  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME**

D. B. Barber

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

4. Sex M O 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 Sept 17 1976  
(Month) (Day) (Year)

8. AGE: Years 69 Months 11 Days 19  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation retired

11. Industry or business \_\_\_\_\_

MOTHER, FATHER

12. Name undetermined 9  
13. Birthplace \_\_\_\_\_ 9  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_ 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Johnson Barber  
(b) Address Steele Mo

17. (a) Removal (b) Date thereof 9-8-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Epston Farm

18. (a) Signature of funeral director J. S. Serron  
(b) Address Steele Mo

19. (a) Oct 30 - 46 (b) J. S. Serron  
(Data received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept day 6  
year 1946 hour 2 minute 15 A.M.

21. I hereby certify that I attended the deceased from May 6  
1945 to Sept 6, 1946  
that I last saw h. i. m. alive on Sept 5, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic glomerulonephritis Duration \_\_\_\_\_  
hypertension, arterio-sclerotic

Due to hypertension, arterio-sclerotic

Due to myocardial disease

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
131B

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 2

23. Signature J. S. England (M. D. or other) Dr  
Address Steele Mo Date signed 10/2/46

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

10-46-224

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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 John H. German  
Licensed Embalmer No. 4355  
P. O. Address Hayti, 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.\*