

No. 2
1-5-43
5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39494

FILED DEC 23 1946

Registration District No. 2

Primary Registration District No. 2011

Registrar's No. 113

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town CLAY Township
(If outside city & town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
9 mi. N Fillmore
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 53 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town Clay Township
(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 Henry Boyd BARR

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

4. Sex MD 5. Color or race W 6. (a) Single, widowed, married, divorced W 3

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

7. Birth date of deceased Oct 21 - 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
91 - 19 hr. min.

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

10. Usual occupation FARMER

11. Industry or business

12. Name Andrew BARR
13. Birthplace unknown Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Jane Higbee
15. Birthplace unknown Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Boyd Barr

(b) Address Staham mo

17. (a) B. (b) Date thereof 11-12-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fillmore

18. (a) Signature of funeral director E. C. Breit

(b) Address Fillmore mo

19. (a) 12-4-46 (b) Lillian Sparks
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 10
year 1946 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from November 5th to Nov-5 1946,
that I last saw him alive on Nov-5 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Insufficiency
Due to Senile Arterio-Sclerosis

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy ASC

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 0
23. Signature M. L. Holliday (M. D. or other) M.D.
Address Fillmore MO Date signed 11-14-46

(Licensee Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah 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.