

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4647

State File No. ....

Primary Registration District No. W 20

Registrar's No. 133

FILED MAR 10 1947

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

1. PLACE OF DEATH:

(a) County Holt  
(b) City or town Oregon  
(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.....  
In this community 50 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt  
(c) City or town Oregon  
(d) Street No.....  
(e) Citizen of foreign country? No  
If yes, name country.....

3. (a) PRINT FULL NAME

Mary Kate Barbour  
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, Single  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive.....  
7. Birth date of deceased August 31 1947  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 5 19 hr. min.

9. Birthplace Jefferson County Colorado  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business.....

12. Name David Barbour  
13. Birthplace Carlisle Penna  
(City, town, or county) (State or foreign country)  
14. Maiden name Annie Pollock  
15. Birthplace Copper Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Stella Wood  
(b) Address Oregon, Missouri

17. (a) Burial (b) Date thereof Feb 23 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oregon, Missouri

18. (a) Signature of funeral director James H. Pettigrew  
(b) Address Oregon, Mo

19. (a) Feb 24 (b) J. May  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20  
year 1947 hour 4 minute P. M.  
21. I hereby certify that I attended the deceased from Feb. 19, 1947  
to Feb. 20, 1947  
that I last saw him er alive on Feb. 20, 1947  
and that death occurred on the date and hour stated above.  
Immediate cause of death Myocarditis

Due to Senility

Due to.....

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

Major findings:  
Of operations 930  
Of autopsy No

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?.....  
(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 Dr. S. Harder (M. D. or other).....  
Address Oregon, Mo. Date signed 2-24-47

Duration 3 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

MAY 19 1947

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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 James H. Pettijohn  
Licensed Embalmer No. 3192  
P. O. Address Oregon 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.