No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6, 1947

Registration District No. 2/9

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5787

State File No. 5505

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Mississippi

(b) City or town Charleston, Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R#2, 4 mi. N. of Charleston.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 23 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi 67

(c) City or town Charleston, Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. R#2, 4 mi N. of Charleston 0
(If rural, give location)

(e) Citizen of foreign country? No1 (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Robert Benjamin Barfield

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mabel Barfield

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased November (Month) 5, (Day) 1881 (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	3	22	hr. min.

9. Birthplace Henning, (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name Henry Jackson Barfield
13. Birthplace Henning, (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Ella Thumb
15. Birthplace Henning, (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Mrs. Mabel Barfield

(b) Address R#2, Charleston, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-1947 (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Grove Cemetery Henning, Tennessee

18. (a) Signature of funeral director John F. Nunnelee Jr.

(b) Address Charleston, Mo.

19. (a) 2-28-47 (Date received local registrar) (b) Mrs. John Bondurant (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 27th year 1947 hour 9:00 minute a M.

21. I hereby certify that I attended the deceased from Attended as to Coroner, 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to .....

Due to .....

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

Major findings:
Of operations .....
Of autopsy none

Duration

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? (Specify type of place)

While at work? — (e) Means of injury — 3

23. Signature John F. Nunnelee Jr. (M.D. or other) Coroner

Address Charleston, Mo. Date signed 2-27-47

196

(Licensed Embalmer's Statement on Reverse Side)

JAN 14 1950

RECEIVED
District Health Office No. 2,
District File Number 347-299
Date Filed 3-4-47

JUL 20 1950

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 Edward E. Nunnelee

Licensed Embalmer No. 4164

P. O. Address Charleston, 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.