

S. No. 2
DM-5-43
v. 5-17-39
P I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 12592

FILED APR 16 1947
43

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 156

1. PLACE OF DEATH:

(a) County Boyer
 (b) City or town Popea Bluff
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Popea Bluff Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 1/2 hrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard ¹⁰³
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. 1/2 mi south State mo
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Libbiamay Barker
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
 year 1947 hour 11:15 minute _____ P. M.

4. Sex 7 1 5. Color or race White
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife W. E. Barker
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb 20 1920
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 26, 1947 to March 26, 1947
 that I last saw her alive on March 26, 1947
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>27</u>	<u>1</u>	<u>26</u>	hr. _____ min. _____

Immediate cause of death Acidosis Duration _____

9. Birthplace Stoddard Co - mo
(City, town, or county) (State or foreign country)

Due to Diabetes mellitus

10. Usual occupation Housewife

Due to It came to hospital in diabetic coma; never regained consciousness

11. Industry or business _____
 12. Name of L. A. Rankin
 13. Birthplace Stoddard Co - mo
(City, town, or county) (State or foreign country)
 14. Maiden name Anne Spider
 15. Birthplace Stoddard Co. mo
(City, town, or county) (State or foreign country)

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

16. (a) Informant W. E. Barker
 (b) Address State mo
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-28-47
(Month) (Day) (Year)
 (c) Place: burial or cremation Trinity Cemetery

Major findings:
 Of operations _____
 Of autopsy _____

18. (a) Signature of funeral director E. L. Watkins
 (b) Address Dexter mo
 19. (a) 4-2-47 (Date received local registrar) (b) R. W. Manette (Registrar's signature)

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? _____

23. Signature Harlin Ollenickson (M. D. or other) MD
 Address Popea Bluff mo Date signed 3-31-47
(Specify type of place) (2) Means of injury _____

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

35

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 442527
Date Filed 4-14-47

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 Lynnae Steele

Licensed Embalmer No. 2476

P. O. Address Hexter 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.