

FILED MAY 5 1947

State File No.

Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
765 South Ellsworth
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community All His Life
years, months or days)

3. (a) PRINT FULL NAME Charles T. Barr

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 Harriette Thompson 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased March 30, 1870
(Month) (Day) (Year)

8. AGE: Years 77 Months 0 Days 16 If less than one day hr. _____ min. _____

9. Birthplace Shackelford, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER } 12. Name Thomas J. Barr
13. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Mary Grant
15. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charles T. Barr

(b) Address Marshall, Mo.

17. (a) Burial (b) Date thereof 4/19/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Sunset Memorial Gardens

18. (a) Signature of funeral director: J. L. Sullivan While at work _____ (c) Means of injury _____
(b) Address 211 Highwell Farm

19. (a) 18-47 (b) Andrew J. Gray
(Date received local registrar) (Registrar's signature) Address _____ Date signed 4/17/47

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97
(c) City or town Marshall 1
(If outside city or town limits, write "RURAL")
(d) Street No. 765 South Ellsworth 2
(If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Apr day 14 year 47 hour 1 minute 40 P.M.

21. I hereby certify that I attended the deceased from _____ 1947 to Apr 16 1947
that I last saw him live on and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction Duration 6 hrs

Due to Arterial Sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) _____ (c) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed 4/17/47

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-2-47

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 J. Leslie Swasey
Licensed Embalmer No. 37350
P. O. Address Marshall 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.