

S. No. 2
M-5-43
7. 5-17-39
I X36671

FILED JUN 14 1947
Registration District No. **290**

Primary Registration District No. **4427**

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

1. PLACE OF DEATH:

(a) County **Pulaski**

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

(c) Name of hospital or institution: **Waynesville General**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **7 days**
(Specify whether years, months or days)

In this community **7 days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Pulaski**

(c) City or town **Richland**
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Donna Yvonne Barbarick**

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 **Child**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **May 29 1947**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

7 hr. _____ min.

9. Birthplace **Waynesville** **MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **child**

11. Industry or business _____

12. Name **William Henry Barbarick**

13. Birthplace **Neaks** **Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Charlot Martha Wommel**

15. Birthplace **Owensville** **Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Wm. Henry Barbarick**

(b) Address **Richland, Mo.**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **6-7-47**
(Month) (Day) (Year)

(c) Place: burial or cremation **OWENSVILLE MO.**

18. (a) Signature of funeral director **Myford Winter**

(b) Address **OWENSVILLE MO.**

19. (a) **6/10/47** (Date received local registrar) (b) **Thelma C. Buckhays** (Registrar's signature) **2901**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **5** year **1947** hour **8** minute **20** P. M.

21. I hereby certify that I attended the deceased from **May 29**, 1947, to **June 5**, 1947 that I last saw her alive on **4 June**, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death **Prematurity**

Duration **8 days**

Due to **Toxemia (late) of pregnancy**

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

Major findings: **157**

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? _____

While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature **Res. H. Seed** (M. D. or other) _____

Address **Richland** Date signed **6/10/47**

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.

No EMBALMING

Signed..... *Melford Winter*

Licensed Embalmer No. *3838*

P. O. Address..... *Owensville 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.