

S. No. 2
-12-45
5-17-39
PI X47070

FILED JUN 24 1947

Registration District No. **28**

Primary Registration District No. **2000**

Registrar's No. **504**

1. PLACE OF DEATH:
 (a) County **Greene**
 (b) City or town **Springfield**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2034 Hoffman
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community..... **15 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Dellar F. Barber**
 3. (b) If veteran, name war **None**
 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Elton A. Barber**
 6. (c) Age of husband or wife if alive **74** years
 7. Birth date of deceased **June 21, 1873**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	11	21	hr. min.

9. Birthplace **Christian County, Mo.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **At Home**

MOTHER FATHER

12. Name **Frank Short**

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

14. Maiden name **Nancy T. Perkins**

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

16. (a) Informant **Mrs. Luther C. Patman**

(b) Address **Springfield Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **6-15-47**
 (Month) (Day) (Year)

(c) Place: burial or cremation **Lindsay Chapel**

18. (a) Signature of funeral director **W. K. Laignel & Co.**

(b) Address **Springfield Mo.**

19. (a) **6-15-47** (Date received local registrar) (b) **W. E. Handley, M.D.** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County **Greene**
 (c) City or town **Springfield**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **2034 Hoffman**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **12**
 year **1947** hour **10** minute **00** A. M.

21. I hereby certify that I attended the deceased from **1944**
 to **June 12, 1947**
 that I last saw her alive on **17 April, 1947**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Hypertension**
Cardio-Vascular
Renal disease
 Due to **Hypertensive**
 Due to **Renal disease**
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: **137A**
 Of operations
 Of autopsy

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?
 While at work? (Specify type of place) (e) Means of injury
 23. Signature **D. F. Youlf** (M. D. or other) **DO**
 Address **Springfield Mo.** Date signed **6/13/47**

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

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 Ogilby Stone Jr.

Licensed Embalmer No. 4176

P. O. Address Springfield 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.