

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36967

FILED NOV 28 1947

Registration District No. 10

Primary Registration District No. 3002

State File No. 167  
Registrar's No.

1. PLACE OF DEATH:

(a) County Audrain  
(b) City or town Mexico  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
433 W. Vine St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether)  
In this community Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain  
(c) City or town Mexico  
(If outside city or town limits, write "RURAL")  
(d) Street No. 433 W. Vine St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT  
FULL NAME Dorothy A. Barry

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, 2 divorced Widowed  
6. (b) Name of husband or wife George Barry 6. (c) Age of husband or wife if alive, years  
7. Birth date of deceased February 16, 1856  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
91 8 29 hr. min.

9. Birthplace Audrain County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

12. Name William Cardwell  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Watts  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Ben T. Barry  
(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof Nov. 17, 45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Paul E. Prichard  
(b) Address Mexico, Mo.

19. (a) 11/17/47 (b) Blanche Neely  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15  
year 1947 hour 5 minute 30 p. M.  
21. I hereby certify that I attended the deceased from 1927 to Nov 15, 1947.  
that I last saw her alive on Nov 10, 1947.  
and that death occurred on the date and hour stated above.  
Immediate cause of death Smelly

Due to C  
Due to

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?

While at work? (Specify type of place) (e) Means of injury h

23. Signature H. K. Neely (M. D. or other) h  
Address Mexico Mo Date signed Nov 17-47

NOV 28 1947

RECEIVED  
District Health Officer No.  
District File Number 11-47-16  
Date Filed NOV 25 1947

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.....

Clarence C. Robinson, Registered Apprentice No. 56,  
working under my personal supervision.

Signed Eul T. Pugh  
-3189  
Licensed Embalmer No. ....  
Mexico, Mo.  
P. O. Address.....

**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.**