S. No. 2
DM—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 1 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

A-92384

State File No.

Registration District No. 130

Primary Registration District No. 3033

Registrar's No. 33

1. PLACE OF DEATH:
(a) County Laclede
(b) City or town Lebanon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wallace Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether
In this community 73
years, months or days)

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

3. (a) PRINT FULL NAME Thomas J. Barr
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Lillie M Barr
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 14 (Day) 1874 (Year)

8. AGE: Years 73 Months 7 Days 6 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name James M Barr
13. Birthplace Nashville (City, town, or county) Tenn. (State or foreign country)
14. Maiden name Cynthia M. Lockmore
15. Birthplace Laclede county Mo (City, town, or county) (State or foreign country)

16. (a) Informant Sidney Burr
(b) Address Plato Star Rt Lebanon Mo

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Zuhlke Oak Pond

18. (a) Signature of funeral director Palmer
(b) Address Lebanon Mo

19. (a) 3/26/48 (Date received by local registrar) (b) Fresse B Lynch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1948 hour 7 minute 20 A.M.

21. I hereby certify that I attended the deceased from 3/10, 1948 to 3/20, 1948 that I last saw him alive on 3/19, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Coronary embolism	10 min.
Due to internal injuries	10 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence 3/10/48
(c) Where did injury occur? Laclede Co. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? on farm Limb drug him off wagon
(Specify type of place)
While at work? yes (e) Means of injury fall 5-3

23. Signature James L. Hope (M. D. or other)
Address Lebanon, Mo. Date signed 3/24/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Received 3/30/48

Laclede County Health Unit

File No. 3-48-43

Date Filed 3/30/48

APR 14 1948

BY LICENSED EMBALMER

The reverse side of this certificate was embalmed by me, or by.....

P. L. Palmer Registered Apprentice No. 84

Signed L. P. Palmer

Licensed Embalmer No. 220 A

P. O. Address Lebanon Mo.

SED EMBALMER in his OWN HANDWRITING. (Failure to comply with

OCT 25 1948