No. 2
-1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 26 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13216

Registration District No. 283 — Primary Registration District No. 5655 — Registrar's No. 43

1. PLACE OF DEATH:

(a) County: Lawrence
(b) City or town: Mount Vernon (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Sanatorium (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 505 days (Specify whether
In this community: 505 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: LaClede
(c) City or town: Lebanon (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: Susie Minnie Barber
3. (b) If veteran, name war: No
3. (c) Social Security No.: 533-22-8646
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Sept 11 (Month) (Day) 1917 (Year)

8. AGE: Years 30 Months 6 Days 5 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation: Saleslady
11. Industry or business:
FATHER
12. Name: Isaac Murrell Barber
13. Birthplace: Lebanon, Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Minnie Corkery
15. Birthplace: Buffalo, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: E. McMichael, Record Clerk
(b) Address: Mo. State San. Mt. Vernon, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 3-18-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Lebanon Mo.
18. (a) Signature of funeral director: W E Holman
(b) Address: Lebanon Mo.
19. (a) 4-1-48 (Date received local registrar) (b) C R Philbrick (Registrar's signature) 159

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th year 1948 hour 8:55 minute A M.

21. I hereby certify that I attended the deceased from Oct. 28, 1946 to March 16, 1948 that I last saw her alive on March 16, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardio-respiratory insufficiency	4 days
Due to: Pneumonectomy (Post operative)	
Due to: Far Advanced Pulmonary Tuberculosis	Abt. 2½ yrs.
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: Far Advanced Pul. Tbc.
Of autopsy: JB

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)
(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)
While at work? (e) Means of injury

23. Signature: Y. T. Kujikawa (M. D. or other) MD
Address: Mount Vernon, Mo Date signed: 3-16-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 448-505
Date Filed APR 23 1948

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 Dorsey M. Howe
Licensed Embalmer No. 4222
P. O. Address Lebanon, 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.