

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

FILED MAY 7 1948

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

113248

Registration District No.

178

Primary Registration District No.

5666

Registrar's No.

26

1. PLACE OF DEATH:

- (a) County Lewis
 (b) City or town Maywood Union
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1 day

(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

3. (a) PRINT FULL NAME William Herbert BARR

- (b) If veteran, name war no (c) Social Security No. no

4. Sex M 5. Color or race W. 6. (a) Single, widowed, married, divorced married

- (b) Name of husband or wife EMMA BARR (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Dec. 31 1877
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 3 14 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name James BARR

13. Birthplace Illinois
 (City, town, or county) (State or foreign country)

14. Maiden name Frances Gill

15. Birthplace Maywood Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Emma Barr

- (b) Address Maywood Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 17-48
 (Month) (Day) (Year)

- (c) Place: burial or cremation Maywood Mo.

18. (a) Signature of funeral director Thos Ball
 (b) Address Ewing Mo.

19. (a) 4-20-48 (b) P. Jennings
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Lewis 56
 (c) City or town Maywood (Rural)
 (If outside city or town limits, write "RURAL")

- (d) Street No. 2 mi east
 (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
 year 1948 hour 4 minute 10A. M.

21. I hereby certify that I attended the deceased from April 11, 1948, to April 15, 1948,
 that I last saw him alive on April 15, 1948,
 and that death occurred on the date and hour stated above.

- Immediate cause of death Hypostatic Pneumonia Duration 1 day

- Due to Cerebral Hemorrhage 4 days

- Due to Arteriosclerosis Unknown

- Other conditions.
 (Include pregnancy within 3 months of death)

- Major findings:
 Of operations _____

- Of autopsy Q36

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 Q

23. Signature Harry H. Agnew (M. D. or other) MD
 Address Canon Mo. Date signed 4-17-48

(Licensed Embalmer's Statement on Reverse Side)

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

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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 Thomas Ball

Licensed Embalmer No. 1744

P. O. Address Ewing, 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.