

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 1 1948THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17279

Registration District No. 201

Primary Registration District No. 6032

Registrar's No. 2309

1. PLACE OF DEATH:

- (a) County Ripley
(b) City or town Danforth, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution. (Specify whether

In this community
years, months or days)3. (a) PRINT
FULL NAME

- William August Barth
3. (b) If veteran, name war. - 3. (c) Social Security No. -

4. place 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife deceased 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased Apr 2 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 0 6 hr. 0 min.

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

10. Usual occupation farmer

11. Industry or business

12. Name Henry Barth

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

14. Maiden name Jane Miller

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

16. (a) Informant Hellie Barth

- (b) Address Danforth, Mo. Rt 2

17. (a) burial (b) Date thereof 4-10-48
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Catholic bur.

18. (a) Signature of funeral director L. W. Edwards

- (b) Address Danforth, Mo.

19. (a) 5-1-48 (b) E. O. Johnston
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri County Ripley
(c) City or town Rural
(If outside city or town limits, write "RURAL.")

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

- (e) Citizen of foreign country? No (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 8
year 1948 hour 4 minute PM

21. I hereby certify that I attended the deceased from 29 February
1948 to 8 April 1948
that I last saw him alive on 7 April 1948
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral hemorrhageDue to arteriosclerosisDue to senilityOther 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

23. Signature Frank C. Johnston (M. D. or other) M. D.

Address Danforth, Mo. Date signed 21 April 1948

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 6,
District File Number 578361
Date Filed 5-27-48

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 _____

Licensed Embalmer No. _____

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.