FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 9 1948
Registration District No. 3 18

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21895

Primary Registration District No. 6151

Registrar's No. 39

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Dexter, Route 4
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Stoddard
(c) City or town Dexter Route 4 103
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME WILLIAM HUGHALLEN BARBER
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex Male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ida Barber
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Feb. (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	4	21	..... hr. ..... min.

9. Birthplace Unknown (City, town, or county) Tenn. 1 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business .....

FATHER
12. Name John Barber
13. Birthplace ..... (City, town, or county) Virginia 1 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace ..... (City, town, or county) ..... (State or foreign country) 9

16. (a) Informant Newt Barber
(b) Address Dexter, Mo. Route 4
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-2-48 (Month) (Day) (Year)
(c) Place: burial or cremation Hagy Cemetery
18. (a) Signature of funeral director Strickland-Rainey
(b) Address Dexter, Missouri
19. (a) 7-3-48 (Date received local registrar) (b) Velma V. Jenkins (Registrar's signature) 400

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30 year 1948 hour 5 minute 0 A.M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw b..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Investigation shows heart disease (Indocarditis)	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 92 E	
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) .....
(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 C. Crane (M. D. or other) Cor
Address Dexter, Mo 2 Date signed 6-30-48

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

RECEIVED
District Health Office No. 2,
District File Number 748-838
Date Filed 7-7-48

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 J. E. Shuckhart

Licensed Embalmer No. 3179

P. O. Address Doyle, Miss.

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.