

FILED SEP 9 1948/3
Registration District No. _____

Primary Registration District No. **3007**

1. PLACE OF DEATH:
(a) County **Butler**
(b) City or town **Poplar Bluff**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Poplar Bluff**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Days**
In this community **Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Stoddard** **103**
(c) City or town **Bloomfield**
(If outside city or town limits, write "RURAL") **201**
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Lee R. Barham**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widower**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Dec. 29 1880**
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
67 7 29 hr. min.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Aug.** day **28**
year **1948** hour **11** minute **40 P.M.**
21. I hereby certify that I attended the deceased from **7-10**, 19**48** to **8-28**, 19**48**
that I last saw him alive on **8-28**, 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**
Due to **Chronic Myocarditis**
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy **9-28**
Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace **Bloomfield Rural Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **County Official**
11. Industry or business _____
12. Name **Jonathin R. Barham**
13. Birthplace **Tenn.**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Hickman**
(City, town, or county) (State or foreign country)
15. Birthplace **Lousiana**
(City, town, or county) (State or foreign country)
16. (a) Informant **Roy Barham**
(b) Address **Poplar Bluff, Missouri**
17. (a) **Burial** (b) Date thereof **8-30-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Bloomfield, Cemetery**
18. (a) Signature of funeral director **Chiles Und. Co.**
(b) Address **Bloomfield, Missouri**
19. (a) **9/2/48** (b) **R. O. [Signature]**
(Date received local registrar) (Registrar's signature)

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 **[Signature]** (M. D. number) _____
Address **Poplar Bluff, Mo.** Date signed **9-2-48**

MOTHER FATHER

SEP 11 1948.

RECEIVED
District Health Office
District File Number 948
Date Filed 9-7

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 Lulu Cooper
Licensed Embalmer No. 3499
P. O. Address Bloomfield, N.J.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.