

FILED OCT 20 1948

Registration District No. **275**

Primary Registration District No. **3047**

Registrar's No. **89**

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

1. PLACE OF DEATH:
 (a) County **NEWTON**
 (b) City or town **NEOSHO**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
927 N. COLLEGE 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)

3. (a) PRINT FULL NAME **JOHN F. BARR**
 (b) If veteran, name war **NONE**
 (c) Social Security No. **NONE**

4. Sex **MALE** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **MARRIED**
 (b) Name of husband or wife **INA BARR**
 (c) Age of husband or wife if alive **72** years
 7. Birth date of deceased **FEBRUARY 24 1870**
 (Month) (Day) (Year)

8. AGE: Years **78** Months **7** Days **18**
 If less than one day _____ hr. _____ min.

9. Birthplace **SPRINGFIELD ILLINOIS**
 (City, town, or county) (State or foreign country)

10. Usual occupation **STONE MASON**

11. Industry or business **BUILDERS**

MOTHER FATHER
 12. Name **UNKNOWN 9**
 13. Birthplace **UNKNOWN!**
 (City, town, or county) (State or foreign country)
 14. Maiden name **UNKNOWN**
 15. Birthplace **UNKNOWN!**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Ina Barr**
 (b) Address **927 N. College Neosho Mo.**

17. (a) **BURIAL** (b) Date thereof **10-14-48**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **NEOSHO LOGG. CEM.**

18. (a) Signature of funeral director **Corley Thompson**
 (b) Address **Neosho Mo.**

19. (a) **Oct 15, 1948** (b) **Malvin C. Bonman**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MISSOURI** (b) County **NEWTON 23**
 (c) City or town **NEOSHO**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **927 N. COLLEGE**
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Oct.** day **12**
 year **1948** hour **3:15** minute **P.M.**
 21. I hereby certify that I attended the deceased from **Oct 11 1948** to **Oct 12 1948**
 that I last saw him alive on **Oct 12 1948**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Prostate Gland**
 Due to _____
 Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy **510**

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) (e) Means of injury **0**

23. Signature **J. P. Keyser** (M. D. or other) **MD**
 Address **Neosho Mo** Date signed **10-14-48**

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

RECEIVED
Missouri Co. Health Dept.
District Health Officer No. 10-18-48
District File Number 10-18-48
Date Filed 10-18-48

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.....

Ralph Kenneth Patterson, Registered Apprentice No. *270*
working under my personal supervision.

Signed *Corley Thompson*
Licensed Embalmer No. *3259*
P. O. Address *Neosho 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.