FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

40769

State File No.

FILED DEC 23 1948

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 389

1. PLACE OF DEATH:
(a) County: Marion
(b) City or town: Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 204 Magnolia Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 3 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Marion 64
(c) City or town: Palmyra 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 923 South Lane 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME: Henrietta E Barber

3. (b) If veteran, name war: No

3. (c) Social Security No.: No.

4. Sex: Female 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed 2

6. (b) Name of husband or wife: M. S. Barber

6. (c) Age of husband or wife if alive: dec years

7. Birth date of deceased: November (Month) 18 (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
79	0	24	hr. min.

9. Birthplace: Palmyra, Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation: At Home

11. Industry or business:

FATHER
12. Name: Christian Burkhardt
13. Birthplace: Germany (City, town, or country) (State or foreign country) 4

MOTHER
14. Maiden name: Herzog Burkhardt
15. Birthplace: Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant: Mrs Hattie Cousins 1
(b) Address: Hannibal, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/14/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenwood Cemetery

18. (a) Signature of funeral director: Lewis Bros
(b) Address: Palmyra, Missouri

19. (a) 12-17-48 (Date received local registrar) (b) Dirk M. Luke (Registrar's signature) 184

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: December day: 12
year: 1948 hour: 2 minute: 15 P. M.

21. I hereby certify that I attended the deceased from Jan 1946, 19..., to Dec 12, 1948, that I last saw her alive on Dec 11, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Acute auricular fibrillation

Due to: Myocarditis

Due to: Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations: 0 35

Of autopsy:

Duration

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: J. A. Dell M.D. (M. D. or other)
Address: Palmyra Mo Date signed: 12/14/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Geo B. Lewis

Licensed Embalmer No. 2380

P. O. Address Palmyra. M

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

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