

FILED FEB 7 1949

State File No. _____

Registration District No. 129

Primary Registration District No. 4122

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Christian
(b) City or town Nixa
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Christian
(c) City or town Nixa
(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 _____

3. (a) PRINT FULL NAME

Dora Belle Barber

(b) If veteran, name war No (c) Social Security No. None

4. Sex Female 5. Color or race Wht 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife J. P. Barber 6. (c) Age of husband or wife if alive 7.9 years
7. Birth date of deceased March 8 1877
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 3 If less than one day hr. _____ min. 0

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

10. Usual occupation Housewife

11. Industry or business Albert Stiffler

12. Name XXXXXXXXXXXXXXXXXXXX

13. Birthplace Christian Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lera Nokes

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

16. (a) Informant Mrs. Lena Bohm

(b) Address Nixa, Mo.

17. (a) Burial (b) Date thereof 1-13-1949
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McConnell, Nixa, Mo.

18. (a) Signature of funeral director John Dean Harris

(b) Address Clever, Mo.

19. (a) Jan 13, 1949 (b) Allene Dreier
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11
year _____ hour 10:15 minute _____ M.

21. I hereby certify that I attended the deceased from June 148
_____, 19____, to Jan 11, 1949;
that I last saw he alive on 1 Jan, 1949;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral
heart disease

Duration 6 hrs.

Due to _____

Due to _____

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

Major findings:
Of operations 4-2-0!

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 [Signature] (M. D. or other) MD

Address [Address] Date signed 13 Jan 49

RECEIVED
District Health Officer No. 6,
District File Number 249-153
Date Filed 2-4-49

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 John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Cleves, 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.