

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1949

5562

Registration District No. 210

Primary Registration District No. 5771

State File No.

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Mercer
(b) City or town Rural (Marian Twp.)
(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: 77 yrs. 2 Months 25 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME William Hiram Barber

3. (b) If veteran, name war. None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rosa Barber 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Nov. 25, 1871 (Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days 25 If less than one day hr. min.

9. Birthplace Mercer County Mo. 1 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Own Farm

12. Name Adelbert Barber 9
13. Birthplace Not Known 9 (City, town, or county) (State or foreign country)
14. Maiden name Amy Hashman
15. Birthplace Not Known 9 (City, town, or county) (State or foreign country)

16. (a) Informant Hugh Vinzant
(b) Address Mercer, Mo.

17. (a) Burial (b) Date thereof Febr. 22, 1949 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Girdner Cemetery

18. (a) Signature of funeral director Amos L. Seader
(b) Address Lineville, Iowa

19. (a) 2-25-49 (b) M-J-Ruth 39 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mercer 6.5
(c) City or town Rural 3
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Febr. day 20 year 1949 hour 9 minute 5 A.M.

21. I hereby certify that I attended the deceased from Feb 15 to Feb 20, 1949
that I last saw him alive on Feb 19 and that death occurred on the date and hour stated above
Immediate cause of death: Cerebral Hemorrhage Duration 19.49

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
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?

(Specify type of place) (Specify type of injury)
While at work
23. Signature W. E. Smith (M. D. or other)
Address Smith, Ia Date signed Feb 25 49

(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, ~~on~~ by

....., Registered Apprentice No.
working under my personal supervision.

Signed

Anna L. Greenlee

Licensed Embalmer No.

3967

P. O. Address

Lincolnton, N.C.

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.