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7-39
3906

FILED JUN 15 1949
Registration District No. 307

Primary Registration District No. 6246

State File No. _____
Registrar's No. _____

1. PLACE OF DEATH: **Washington**

(a) County **Washington**

(b) City or town **Rural Concord**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(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 _____ years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Washington**

(c) City or town **Rural Concord**
(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 **Etta Barbee**

3. (b) If veteran, name war **no** 3. (c) Social Security No. _____

4. Sex **Female** race **White** 5. Color or divorced **WIDOWED** 6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **O.E. Barbee** 6. (c) Age of husband or wife if alive **no** years

7. Birth date of deceased **Aug 6 1874**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	8	28	hr. _____ min.

9. Birthplace **Thayer - Ill**
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business **House Work**

12. Name **Foster**

13. Birthplace **unknown** **unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **unknown**

15. Birthplace **unknown** **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Leo Barbee**

(b) Address **Iron dale Mo**

17. (a) **BURIAL** (b) Date thereof **6/6/49**
(City, town, or county) (Month) (Day) (Year)

(c) Place: burial or cremation **AUBURN, ILL.**

18. (a) Signature of funeral director **Bert L. Boyer**

(b) Address **Leadwood Mo.**

19. (a) **6-4-49** (b) **Jessie Eichlerberg**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **4** year **1949** hour **10** minute **40** A.M.

21. I hereby certify that I attended the deceased from **Mar** **March 10** 19**49**, to **June 4** 19**49**, that I last saw her alive on **June 3** 19**49**, and that death occurred on the date and hour stated above.

Immediate cause of death **Arterio Sclerosis**

Senility

Due to _____

Due to **no**

Other conditions (Include pregnancy within 3 months of death) **450**

Major findings: **no**

Of operations _____

Of autopsy **no**

Duration _____

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) **no**

(b) Date of occurrence **none**

(c) Where did injury occur? **no**
(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 **Q**

23. Signature **Jas. W. Hoffmann** (M. D. or other) **Q**

Address **Wismarck Mo** Date signed **6/4/49**

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

MOTHER FATHER

RECEIVED

Sanitary Health Officer No. 4
Sanitary File Number 649-299
Date Filed 6-13-49

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

William E. Boyer

Registered Apprentice No. 229

working under my personal supervision.

Signed

Bert L. Boyer

Licensed Embalmer No. 3445

P. O. Address Leadwood 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.