

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42259**
16905
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mississippi b. COUNTY 991	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, 2		c. CITY (If outside corporate limits, write RURAL and give township) Holly Bluff 22	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pronounced dead at St. Anthony Hospital		d. STREET ADDRESS (If rural, give location) N. P. - Holly Bluff	

3. NAME OF DECEASED (Type or Print) a. (First) Annie	b. (Middle)	c. (Last) Barbour	4. DATE OF DEATH (Month) (Day) (Year) December 18, 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 30, 1896	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 53
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mississippi State Welfare Dept.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Rolling Fort, Mississippi	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Don't Know	13b. MOTHER'S MAIDEN NAME Don't Know	14. NAME OF HUSBAND OR WIFE James S. Barbour
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Harbert W. Barbour	ADDRESS 6210 Fyler
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 2 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 102
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR Hit by car
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22. I hereby certify that I attended the deceased from **Dec 7, 1949, to Dec 18, 1949**, that I last saw the deceased alive on **Dec 18, 1949** and that death occurred at **9:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE B. J. Mc Ginnis, M.D. (Degree or title)	23b. ADDRESS 16 Hampton Valley Pk.	23c. DATE SIGNED 12-19-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12/21/49	24c. NAME OF CEMETERY OR CREMATORY Yazoo, Mississippi	24d. LOCATION (City, town, or county) (State) Yazoo, Mississippi
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DATE REC'D BY LOCAL REG. DEC 19 1949	REGISTRAR'S SIGNATURE J. B. Sater	25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary	ADDRESS 2842 Meramec St.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. M. J. ...

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 _____

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed *Joe P. Benz*
Licensed Embalmer No. *4249*

P. O. Address *2842 Meramec St.*
ST. LOUIS, 18 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.