

S. No. 2
M-1/47
5-17-39

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

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED JUN 29, 1948

Registration District No. 57

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

19280

State File No.

Primary Registration District No. 55-280

Registrar's No. 135

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Rural, Windsor Twsp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution route # 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 74 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town Rural, Windsor
(If outside city or town limits, write "RURAL")

(d) Street No. Route # 3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Harry A. 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 Lula Ball Barber

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased October 21 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	8	1hr.min.

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

10. Usual occupation Farming

11. Industry or business Daniel Barber

12. Name Unknown, Pennsylvania
(City, town, or county) (State or foreign country)

13. Birthplace Sarah Parmalee
(City, town, or county) (State or foreign country)

14. Maiden name Unknown, Michigan
(City, town, or county) (State or foreign country)

15. Birthplace Mrs. Harry A. Barber
(City, town, or county) (State or foreign country)

16. (a) Informant Windsor, Missouri
(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 6-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston Turney
(b) Address Windsor, Missouri

19. (a) 6-25-48 (b) R. R. Kennedy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22
year 1948 hour 5 minute a M.

21. I hereby certify that I attended the deceased from June 1944 to June 25, 1948
that I last saw him alive on June 22, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death cardiac thrombosis
(paralytic)

Due to.....

Due to.....

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

Major findings:
Of operations.....
Of autopsy.....

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 D

23. Signature Huston Turney (M. D. or N.D.)
Address Windsor Date signed 6/24/48

RECEIVED

District Health Officer No. 7,

District File Number 5-48-684

Date Filed 6-28-48

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 M. Turner

Registered Apprentice No. 470

working under my personal supervision.

Signed

Edwin Houston

Licensed Embalmer No. 3391

P. O. Address Windsor, Md.

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.