NOV 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

36260
Do not use this space.

1. PLACE OF DEATH
(a) County Marion — Registration District No. 547
(b) Township ~~Mason~~ — Primary Registration District No. 3029 — Registered No. 285
(c) City Hannibal — (d) Street No. Levering Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frank Joseph Barr
(a) Residence, No. R.F.D. 2 New London Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Winifred Allen Barr
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 11 1876
7. AGE: Years 62, Months 4, Days 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): 10/4/38 — 11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Guernsey County Ohio

FATHER
13. NAME: Lewis Barr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

MOTHER
15. MAIDEN NAME: Sidney Mercer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Wife R.R.2 New London Mo.
18. BURIAL, CREMATION, OR REMOVAL — PLACE: Grandview B. Pk DATE: 10/29/38, 19
19. FUNERAL DIRECTOR (ADDRESS): Smith Funeral Home 902 Broadway
20. FILED Oct 29, 1938 W. C. Fisher Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): October 27 1938
22. I HEREBY CERTIFY, That I attended deceased from 3-19, 1938, to 10-27, 1938
I last saw him alive on 10-27, 1938 Death is said to have occurred on the date stated above, at 1:50 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyloric ulcer	1936
Other contributory causes of importance:	
Pyloric obstruction	1938
(1) Gastro enterostomy } operations	10-5-38
(2) Separation of adhesions }	10-18-38

Name of operation: Above — Date of:
What test confirmed diagnosis? Operation — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Howard B. Gadrich, M. D.
488 (Address) Hannibal, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Good rich

STATEMENT BY LICENSED EMBALMER

I, Crawford Smith, Licensed Embalmer No. 3814

hereby certify that the body recorded on the reverse side of this certificate was embalmed by J. J. Marsh

L. E.

No. 3932 or by, Registered Apprentice No.

working under my personal supervision.

Signed Crawford Smith

Licensed Embalmer No. 3814

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.)