

Registration District No. 411

Primary Registration District No. 2002

19
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5
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County: Jasper
 (b) City or town: Joplin
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Johns Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 Days
(Specify whether years, months or days)
 In this community 2 1/2 Years

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Missouri (b) County: Jasper
 (c) City or town: Joplin
(If outside city or town limits, write "RURAL")
 (d) Street No. 650 Jaccard Place
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: William P. Barr
 3. (b) If veteran, name war: ---
 3. (c) Social Security No.: ---

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan. day 8th
 year 1941 hour 10:00 minute PM M.

4. Sex: Male 5. Color or race: White
 6. (a) Single, widowed, married, divorced: Married
 6. (b) Name of husband or wife: Lula
 6. (c) Age of husband or wife if alive: 81 years
 7. Birth date of deceased: Mar. 13, 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1, 1941, to Jan 8, 1941;
 that I last saw him alive on Jan 8, 1941
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
81 9 26 hr. min.

Immediate cause of death: Cerebral Haemorrhage
 Due to: _____
 Due to: _____
 Other conditions (Include pregnancy within 3 months of death): _____

9. Birthplace: Alton, Illinois
(City, town, or county) (State or foreign country)
 10. Usual occupation: Lumberman--Retired

Major findings: Of operations: _____
 Of autopsy: _____
 PHYSICIAN: _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER {
 12. Name: James Barr
 13. Birthplace: Ireland
(City, town, or county) (State or foreign country)
 14. Maiden name: Mary Ann Cousley
 15. Birthplace: Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Ruth Balsey
 (b) Address: Joplin, Mo.

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? _____

17. (a) Cremation (b) Date thereof: 1-11-41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: Kansas City, Mo.

23. Signature: W. C. Coombs (M. D. or other) D
 Address: Joplin, Mo Date signed: Jan 9, 1941
(Specify type of place) While at work? (e) Means of injury

18. (a) Signature of funeral director: Thornhill-Dillon
 (b) Address: Joplin, Missouri
 19. (a) 1-9-41 (b) W. D. James
(Date received local registrar) (Registrar's signature)

41-2-135

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Don Tetrick

Licensed Embalmer No.....

4008

P. O. Address.....

Joplin, 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.