

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

On 284284

State File No. \_\_\_\_\_

AUG 11 1942

Registrar's No. 500

Registration District No. 318

Primary Registration District No. 2001

39  
2  
6

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

**1. PLACE OF DEATH:**

(a) County GREENE

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

(c) Name of hospital or institution: 922 S. Weller  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)

In this community 50 years (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri

(b) County Greene 39

(c) City or town Springfield, 2  
(If outside city or town limits, write "RURAL")

(d) Street No. 922 S. Weller  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Sophia Barham

**3. (b) If veteran,** name war None

**3. (c) Social Security** No. None

**4. Sex** Female / **5. Color or race** White

**6. (a) Single, widowed, married,** divorced Widowed

**6. (b) Name of husband or wife** Seth Barham

**6. (c) Age of husband or wife if alive** Unknown year

**7. Birth date of deceased** October 15, 1877  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>64</u>	<u>8</u>	<u>20</u>	hr. _____ min. _____

**9. Birthplace** St. Louis, Missouri  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Housewife

**11. Industry or business** In Home

**MOTHER FATHER**

**12. Name** Unknown

**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** Mrs. Clara N. Roundtree

**(b) Address** Springfield, Missouri

**17. (a) Burial** (Burial, cremation, or removal)

**(b) Date thereof** July 7, 1942  
(Month) (Day) (Year)

**(c) Place: burial or cremation** Maple Park Cemetery

**18. (a) Signature of funeral director** Alma Lohmeyer Funeral Home

**(b) Address** Springfield, Missouri

**19. (a) 26/1942** (Date received local registrar)

**(b) A. W. S. Landley** (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month July day 5th

year 1942 hour 4:30 minute \_\_\_\_\_ P. \_\_\_\_\_ M. \_\_\_\_\_

**21. I hereby certify that I attended the deceased from** July 4, 1942 to July 5, 1942

that I last saw him alive on July 5, 1942

and that death occurred on the date and hour stated above.

**Immediate cause of death**

Heart failure decompensating 7 days

**Due to** Myocarditis (chronic)

**Due to** Pulmonary Edema

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

**Major findings:**

**Of operations** \_\_\_\_\_

**Of autopsy** \_\_\_\_\_

**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) \_\_\_\_\_

(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? \_\_\_\_\_

**While at work?** \_\_\_\_\_ (Specify type of place)

**Means of injury** \_\_\_\_\_

**23. Signature** A. W. S. Landley (M. D. or other)

**Address** 314 Landers **Date signed** 7/8/42

944 (Licensed Embalmer's Statement on Reverse Side)

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**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

*Harlow Knabb*

Licensed Embalmer No.

*4065*

P. O. Address

*Springfield, 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.**