

RECEIVED BY THE REGISTRAR
FILED JAN 21 1943

Registration District No. 31

Primary Registration District No. 5106

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Benton
(b) City or town "Rural" W. Cole Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 weeks. (Specify whether years, months or days)
In this community 9 weeks. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town LaMonte
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

80
0
0

3. (a) PRINT FULL NAME Willard Albert Barb

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 Lydia Margaret Barb 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased June 14 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 5 28 hr. _____ min.

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

10. Usual occupation Retired farmer

11. Industry or business _____

12. Name David Walter Barb

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

14. Maiden name Susan Hamilton

15. Birthplace Mercer County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Willard Barb

(b) Address Sweet Springs Mo.

17. (a) Burial (b) Date thereof Dec. 15, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Pleasant Cemetery

18. (a) Signature of funeral director White Reser

(b) Address Warsaw, Mo.

19. (a) 12-20-42 (b) Sue Selover
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12
year 1942 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from Dec., 6, 1942, 19____ to Dec., 12, 1942, 19____

that I last saw him alive on Dec., 11, 1942, 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac thrombosis Duration 6 days

Due to over work and senility --

Due to _____

Other conditions gla
(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) (e) Means of injury _____

23. Signature Busschall (M. D. or other) MD

Address Warsaw, Mo. Date signed 12/14/42

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

FEB 20 1948

RECEIVED

District Health Officer No. 7,

District File Number 12-42-1412

Date Filed 1-12-43

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.....

Licensed Embalmer No.....3053

P. O. Address.....Warsaw, Missouri.

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.