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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 20 1943
Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 107

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: St. Elizabeth Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

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

(d) Street No. 222 Willow
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Susan Barr

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
year 1943 hour 2 minute 50 P.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Harvey Barr 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased January 14, 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr 4 1943 to Apr 7 1943
that I last saw him alive on Apr 6 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

68	3	23	hr. _____ min. _____
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Immediate cause of death Cerebral Hemorrhage

9. Birthplace Jackson County West Virginia
(City, town, or county) (State or foreign country)

Due to Arteriosclerosis

Due to _____

10. Usual occupation XX

11. Industry or business XX

Other conditions (Include pregnancy within 3 months of death) 83a1

MOTHER, FATHER {

12. Name William Mathemy

13. Birthplace No Record 9
(City, town, or county) (State or foreign country)

14. Maiden name Drusella unknown

15. Birthplace No Record 9
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Harvey Barr

(b) Address 222 Willow

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) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/43
(Month) (Day) (Year)

(c) Place: burial or cremation Mount Olivet

18. (a) Signature of funeral director Wm M. Smith

(b) Address 902 Broadway

19. (a) 4-8-43 (Date received local registrar) (b) R. W. Connor (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature BE Salvo (M. D. or other) _____
Address Hannibal Mo Date signed _____

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

Sally on

1146

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.....

..... George T. Bond

....., Registered Apprentice No.

350

working under my personal supervision.

Signed.....

John M. Smith

..... Licensed Embalmer No.

1204

P. O. Address Hannibal, 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.