. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 5 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9036

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 340

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Methodist Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 5 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 38
(a) State Missouri (b) County Gentry
(c) City or town Albany 1
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No. 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jasper Barber
3. (b) If veteran, name war None,
3. (c) Social Security No. None,
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced widowed 2
6. (b) Name of husband or wife Cordin Barber,
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 17, 1868 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	8	7	hr. min.

9. Birthplace Denver, Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farm
FATHER
12. Name Layman Barber,
13. Birthplace Unknown, Missouri 0
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Anna Brumfield,
15. Birthplace Unknown, Missouri 0
(City, town, or county) (State or foreign country)
16. (a) Informant Clifford E. Brooks,
(b) Address Albany, Missouri,
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 3/ 24/ 45 (Month) (Day) (Year)
(c) Place: burial or cremation Albany, Mo.
18. (a) Signature of funeral director Heaton BeGole & Bowman
(b) Address 319 So. 10th Street,
19. (a) 3/24/45 (Date received local registrar) (b) Helen I. Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24
year 1945 hour 3 minute A M.
21. I hereby certify that I attended the deceased from Mar 19, 1945, to Mar 24, 1945
that I last saw him alive on Mar 23, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	3 wk
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

107

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?
(Specify type of place)
While at work? (e) Means of injury 0
23. Signature W. B. Dixon (M. D. or other) MD
Address St. Joseph Mo Date signed 3-24-45

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(Licensed Embalmer's Statement on Reverse Side)

Dr. J. N. Tuson
Kirkpatrick Bldg.

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 Herald F. Wade

Licensed Embalmer No. 4472

P. O. Address St. Joseph 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.