

FILED SEP 21 1945

State File No.

Registration District No. 194

Primary Registration District No. 5710

Registrar's No.

1. PLACE OF DEATH:

(a) County Mc Donald  
(b) City or town Powell "Rural" Center Mo  
(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.....  
In this community life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County BARRY 5  
(c) City or town EXETER  
(If outside city or town limits, write "RURAL")  
(d) Street No. 211 (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME BERT TALBERT

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Sallie Talbert 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Oct. 7 1879  
(Month) (Day) (Year)

8. AGE: Years 65 Months 10 Days 1 If less than one day hr. min.

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

10. Usual occupation farming

11. Industry or business.....

12. Name Jessie Talbert  
13. Birthplace Shelbyville Ind. (City, town, or county) (State or foreign country)  
14. Maiden name Allie Feathernow  
15. Birthplace Do Not Know (City, town, or county) (State or foreign country)

16. (a) Informant Sallie Talbert  
(b) Address Exeter Mo.

17. (a) burial (b) Date thereof 8/11/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Exeter Cem.

18. (a) Signature of funeral director W. Moon

(b) Address Cassville, Mo.

19. (a) (b) 1366 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 10th  
year 1945 hour 10 minute 45a M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw him alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death.....

accidental drowning  
Due to.....  
Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident  
(b) Date of occurrence 8-10-45

(c) Where did injury occur? Powell McDonald Mo (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In Sugar Creek (Specify type of place)

While at work? (2) Means of injury Corona

23. Signature R. M. Humphrey (M. D. or other)  
Address Exeter Mo. Date signed 8-12-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 945-967

Date Filed SEP 19 1945

**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 *C. M. Joiner*

Licensed Embalmer No. 3453

P. O. Address CASSVILLE, 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.**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. oct  
Registrar's No. ....

Registration District No. 194

Primary Registration District No. 5710

1. PLACE OF DEATH:

(a) County Mc Donald  
(b) City or town Rural Center Jurg.  
(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. (Specify whether

In this community years, months or days)

3. (a) PRINT FULL NAME Bert Talbert

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced. m

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. oct 7 years

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years 65 Months 1 Days 10 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country) Mo

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) Sept 25 1943 (Date received local registrar) O. C. Plumber (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

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

MEDICAL CERTIFICATE

20. DATE OF DEATH: Month Sept year 1943 hour minute M.

21. I hereby certify that I attended the deceased from to 19

that I last saw him alive on and that death occurred on the date and hour stated above. Immediate cause of death.

Duration

Due to

Due to

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) (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

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

MOTHER FATHER

SUPPLEMENTARY

38944