

FILED OCT 8 1945 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 333

Primary Registration District No. 2074

Registrar's No. 8

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

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Sikeston
(c) Name of hospital or institution Sikeston General Hospital
(d) Length of stay: In hospital or institution 2 wks
In this community life

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County New Madrid 72
(c) City or town New Madrid 4
(d) Street No. 0
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME MARION EBLIN BARRY

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

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

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

7. Birth date of deceased June 15 1864

8. AGE: Years 81 Months 2 Days 20 If less than one day hr. - min. -

9. Birthplace Lemiscot Co. Mo.

10. Usual occupation Ret Farmer

11. Industry or business -

12. Name Eblin Barry

13. Birthplace Tenn

14. Maiden name Elizabeth Lee

15. Birthplace Tenn

16. (a) Informant Mrs. V.E. Radt

(b) Address Sikeston Mo

17. (a) Burial (b) Date thereof 9-7-45

(c) Place: burial or cremation Memorial Park - Sikeston Mo

18. (a) Signature of funeral director Welch Funeral Home

(b) Address Sikeston Mo

19. (a) 9-11-45 (b) Mrs. G.F. Henry

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5 year 1945 hour 6 minute 20 A. M.

21. I hereby certify that I attended the deceased from 7-21, 1945 to 9-4, 1945

that I last saw him alive on 9-4 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Coronary Valvular Disease -

Due to arteriosclerosis

Due to -

Due to -

Other conditions Angrene great toe on left foot

Major findings -

Of operations -

Of autopsy 928

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? -

(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 J.C. McClure (M. D. or other)

Address Sikeston Mo Date signed 9-11-45

Duration

2 yrs

5 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

1494

RECEIVED

District Health Office No. 2,

District File Number 1065-3071

Date Filed 10-1-45

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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.