S. No. 2
M—2-43
. 5-17-39
I X35697

12
0
0

1417

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

15520

State File No.

FILED APR 17 1946

Registration District No. 377 Primary Registration District No. 6261 Registrar's No. 5

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Rogersville, Rural
(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 years, months or days)

In this community

2. USUAL RESIDENCE OF DEACESED:

(a) State Missouri (b) County Webster 112

(c) City or town Rogersville, Rural 0
(If outside city or town limits, write "RURAL")

(d) ~~Street No.~~ W. Benton Twp. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Georgina Barnard

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or ~~wife~~ John A.

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased Jan. (Month) 30 (Day) 1873 (Year)

8. AGE: Years 73 Months Days 3 If less than one day hr. min.

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

10. Usual occupation House Keeper.

11. Industry or business

MOTHER FATHER

12. Name Thomson McClelland

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

14. Maiden name Elizabeth Smith

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

16. (a) Informant Mrs. Guy Atkinson

(b) Address Rogersville Mo R#

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 8-46 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ Panther Valley Cem.

18. (a) Signature of funeral director Kelley. Ferrell

(b) Address Rogersville Mo.

19. (a) 3-26-46 (Date received local registrar) (b) Lester M. Good (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3 year 1946 hour 7:00 minute A. M.

21. I hereby certify that I attended the deceased from January 3, 1946, to February 13, 1946, that I last saw h~~er~~ alive on ~~February~~ January 13, 1946, and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Cerebral Thrombosis.

Due to Arteriosclerosis.

Due to Hypertension.

Other conditions None.
(Include pregnancy within 3 months of death)

Major findings:
Of operations No operation
Of autopsy No 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

23. Signature A. R. Schultz (M. D. or other)

Address Fordland, Mo. Date signed 3/14/46

54 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 446-431
Date Filed APR 12 1946

JUN 20 1956

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 H. H. Keeley

Licensed Embalmer No. 3334

P. O. Address Seymour 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.