

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED OCT 20 1946 STANDARD CERTIFICATE OF DEATH

State File No. 34004

Registration District No. 174

Primary Registration District No. 3035

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Lafayette
 (b) City or town Livingston
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
421 South 24th St
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 16 yrs
 years, months or days)

3. (a) PRINT FULL NAME LOUEVA BARKER

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

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Wm L Barker 6. (c) Age of husband or wife if alive 75 years
 7. Birth date of deceased Feb 27 1875
 (Month) (Day) (Year)

8. AGE: Years 71 Months 7 Days 3 If less than one day hr. _____ min. _____9. Birthplace Boone Co Mo
(City, town, or county) (State or foreign country)10. Usual occupation at home

11. Industry or business _____

12. Name Wm Wiggins
 13. Birthplace Boone Co Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Amanda Murphy
 15. Birthplace Boone Co Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant Ms Mary Ponder
(b) Address Kansas City Mo17. (a) Burial (b) Date thereof 10-2-46
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Livingston Mo18. (a) Signature of funeral director Ernest O. Truett(b) Address Livingston Mo19. (a) 10-10-46 (b) Wm L Barker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lafayette
 (c) City or town Livingston
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4215 24th St
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30
year 1946 hour 11 minute 05 A. M.21. I hereby certify that I attended the deceased from 9/27/46
19____ to 9/29/46 19____
that I last saw her alive on 9/29/46 19____
and that death occurred on the date and hour stated above.Immediate cause of death Cardiac Asthma Duration _____

Due to _____

Due to _____

Other conditions Chronic myocarditis

(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 Ben H. ... (M. D. or other) _____Address Livingston Mo Date signed 10/2/46

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 10-26-76

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 J. J. Kear

Licensed Embalmer No. 2983

P. O. Address J. J. Kear, M.D.

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.