No. 2
-2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 15 1948

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 20283

Registration District No. 264 | Primary Registration District No. 5891 | Registrar's No. 13

**1. PLACE OF DEATH:**

(a) County Ozark

(b) City or town Bridges
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home 1
(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 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Ozark - 77

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

(d) Street No. 1 mi. E. Gainesville 0
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Neidom Edwin Barger

3. (b) If veteran, name war No

3. (c) Social Security No. 493-16-2980

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Pearl Barger

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Aug. (Month) 9 (Day) 1879 (Year)

8. AGE: Years 68 | Months 10 | Days 2 | If less than one day ..... hr. ..... min.

9. Birthplace ~~Carbondale~~ Carbondale (City, town, or county) Ill. 1 (State or foreign country)

10. Usual occupation Contractor

11. Industry or business .....

FATHER
12. Name Alexander Barger
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Francis Wylie
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Pearl Barger

(b) Address Gainesville, Mo.

17. (a) Burial and Removal (Burial, cremation, or removal) (b) Date thereof 6-11-48 (Month) (Day) (Year)

(c) Place: burial or cremation Sims - Oak Co. Mo.

18. (a) Signature of funeral director Denver Roller

(b) Address Mtn. Home, Ark.

19. (a) 6-15-48 (Date received local registrar) (b) William Cogswell (Registrar's signature) 405

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 11
year 1948 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from 1946
..... 19.., to June 11, 1948
that I last saw him alive on June 5, 1948;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death A.V. Heart Block | Instant |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations 95C | |
| 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? 21
(Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature M J Hoerman (M. D. or other) DD

Address Gainesville, Mo. Date signed 6/11/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 248-762
Date Filed JUL 12 1948

## 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 Denver Roller

Licensed Embalmer No. 4006

P. O. Address Mtn Home, Al

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**