

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

FILED NOV 22 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr Barnham 36321

State File No. _____

Registration District No. 472

Primary Registration District No. 1336

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Howell
 (b) City or town Mountain View
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution None
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 52 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Howell 46
 (c) City or town Mountain View
(If outside city or town limits, write "RURAL")
 (d) Street No. 19 - Hallberry
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Major M. Tranbarger

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

4. Sex M 5. Color of race W 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife Minerva Tranbarger 6. (c) Age of husband or wife if alive 47 years
 7. Birth date of deceased March 9 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 7 24 _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name John Tranbarger

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

14. Maiden name Ella Garrett

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

16. (a) Informant Guy Tranbarger

(b) Address Mountain View, Mo

17. (a) Burial (b) Date thereof 11-5-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chapel Hill Cemetery

18. (a) Signature of funeral director Duncan Funeral home

(b) Address Mountain View, MD

19. (a) 11-11-48 (b) Laura Mitchell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3
 year 1948 hour 6 minute _____ A.M.

21. I hereby certify that I attended the deceased from March 19 1948 to Nov 1 1948
 that I last saw him alive on Nov 1 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Tubercular Meningitis Duration _____

Due to Tubercular meningitis

Due to _____

Other conditions Diabetes mellitus
(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?
(Specify type of place) 2

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

23. Signature Stanley Barnham (M. D. or other) D.O.

Address Mountain View, Mo Date signed 11-4-48

RECEIVED 11-15-48
District Health Officer No. 5,
District No. 1148709
11-16-48

NOV 20 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.....

John R. Amian
Licensed Embalmer No. 4375
P. O. Address W. Kent 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.