

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

36709
Do not use this space.

NOV 24 1939

1. PLACE OF DEATH
 (a) County Monterey Registration District No. 574
 (b) Township Harrison Primary Registration District No. 5773A
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Jackie Lee Barbour
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 7 - 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4 0 24

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) California

FATHER
 13. NAME Virgil L. Barbour
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) California

MOTHER
 15. MAIDEN NAME Goldie J. Hill
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) California

17. INFORMANT (ADDRESS) Mrs Virgil Barbour
California

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cem DATE 10-2 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. H. Steppers
Russell Hill
Mo.

20. FILED 10/4 1939 Jewell Phillips
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 1 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 28 1939 to Oct. 1 1939
 I last saw him alive on Sept. 28 1939. Death is said to have occurred on the date stated above, at 10 A. m.
 The principal cause of death and related causes of importance were as follows:
acute subarthritis
 Date of onset 10-1-39

Other contributory causes of importance:
Heart Failure 9-26-39

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19 _____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? h
 If so, specify _____
 (Signed) H. H. Steppers
504 (Address) California, Mo.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.