

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

39839

Do not use this space.

1. PLACE OF DEATH

(a) County Monticello
(b) Township Bellevue
(c) City Bellevue

Registration District No. 577
Primary Registration District No. 5775

Registered No. 8

(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

(a) Residence, No. 616 Ray Edwin Barbour St. ☐ (If death occurred in Hospital or Institution, write its name instead of street and number)
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE W 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) Nov 30 - 1938

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

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) Monticello Co. Mo.

13. NAME Raymond Barbour

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticello Co. Mo.

15. MAIDEN NAME Kathryn Burlingame

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticello Co. Mo.

17. INFORMANT (ADDRESS) Raymond Barbour

18. BURIAL, CREMATION, OR REMOVAL PLACE Capitol Cem DATE DEC 1 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) William & Fredman

20. FILED 12-3 19 38 Madeline Latham Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 30 1938

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19.....

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Stillborn

Other contributory causes of importance

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?

If so, specify.....

(Signed) X. F. Barbour S. O.

(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.