

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30475

State File No.

Primary Registration District No. 4234

Registrar's No. 60

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

1. PLACE OF DEATH:

(a) County Iron

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

(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)

In this community 37 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron

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

(d) Street No.
(If rural, give location)

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

If yes, name country.

3. (a) PRINT FULL NAME Ella Wilson Barger

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex fem 5. Color or race white

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

6. (b) Name of husband or wife James Preston Barger

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

7. Birth date of deceased April 26 1860
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>4</u>	<u>27</u>hr.min.

9. Birthplace Moberly Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

MOTHER FATHER {

12. Name Samuel Wilson

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

14. Maiden name Mary Jane Haynes

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

16. (a) Informant Mrs. W. D. Fletcher

(b) Address Ironton Mo.

17. (a) burial (b) Date thereof 9-25-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arcadia Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address Ironton Mo.

19. (a) 9-25-42 (b) Virginia R. Miller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23rd
year 1942 hour 10:15 minute PM M.

21. I hereby certify that I attended the deceased from Sept. 23rd 1942 to Sept. 23rd 1942
that I last saw her alive on Sept. 23rd 1942
and that death occurred on the date and hour stated above.

Immediate cause of death

Acute Bilateral Bronchial Pneumonia 9/23/42

Due to Cerebral Hemorrhage 9/19/42

Due to Hypertensive Heart Disease ??

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings: Of operations 107

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?

23. Signature R. C. Harland (M. D. or other) M.D.
Address Ironton Mo. Date signed 9/24/42

RECEIVED

District Health Officer No. 4
District File Number 1042-1202
Date Filed 10-13-42

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 Arcey J. White
Licensed Embalmer No. 2012
P. O. Address Winston, N.C.

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.