

Registration District No. 174

Primary Registration District No. 4234

Registrar's No. 36

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 of the OZARKS  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 34 years  
years, months or days

3. (a) PRINT FULL NAME MOSES BURETT BARBER

3. (b) If veteran, name war NONE  
3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race White  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MOLLIE E. BARBER  
6. (c) Age of husband or wife if alive 79 years  
7. Birth date of deceased August 30, 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 2 8 hr. min.

9. Birthplace PERRY County, MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation PHYSICIAN

11. Industry or business MEDICAL DOCTOR

12. Name RICHARD H. BARBER

13. Birthplace PERRY County, MISSOURI  
(City, town, or county) (State or foreign country)

14. Maiden name COLUMBIA CLINE

15. Birthplace PERRY County, MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant ANSON B. BARBER

(b) Address 17 WATER ST. HINGHAM, MASS.

17. (a) BURIAL (b) Date thereof 11-10-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FREDERICKTOWN, MO.

18. (a) Signature of funeral director Sam Najim, Jr.

(b) Address FREDERICKTOWN, MO.

19. (a) 11-16-48 (b) Arvo Jones, Jr.  
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month November day 7  
year 1948 hour 2 minutes 25 P.M.

21. I hereby certify that I attended the deceased from 11-7-48  
19\_\_\_\_ to 11-7-48, 19\_\_\_\_;  
that I last saw h. m alive on 11-7-48, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death concussion of brain  
traumat'c shock

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MADISON  
(c) City or town FREDERICKTOWN  
(If outside city or town limits, write "RURAL")  
(d) Street No. 218 SOUTH MAIN  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7  
year 1948 hour 2 minutes 25 P.M.

21. I hereby certify that I attended the deceased from 11-7-48  
19\_\_\_\_ to 11-7-48, 19\_\_\_\_;

that I last saw h. m alive on 11-7-48, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death concussion of brain  
traumat'c shock

Due to traumat'c shock

Due to compound fracture left leg

lacerated left ear

Other conditions possible internal injury  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following: accident  
(a) Accident, suicide, or homicide (specify) accident  
(b) Date of occurrence 11-7-48

(c) Where did injury occur? Fredericktown, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
street

While at work? no (Specify type of place) car  
(e) Means of injury accident

23. Signature R. E. Harland (M. D. or other) M.D.  
Address Ironton, Mo. Date signed 11-17-48

MOTHER FATHER

C. M. Jones

RECEIVED

District Health Officer No. 4

District File Number 1148-14

Date Filed 11-22-48

MAR 10 1950  
JAN 5 1948

DEC 16 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 Sam Najim, Jr.

Licensed Embalmer No. 4299

P. O. Address Fredericktown, Md.

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.