

OCT 18 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

31600

Do not use this space.

1. PLACE OF DEATH

(a) County Audrain
 (b) Township Wilson
 (c) City

Registration District No. 951Primary Registration District No. 5037BRegistered No. 7

(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. ds. 1 (1) How long in U.S., if of foreign birth? yrs. mos. ds.2. PRINT FULL NAME John Harvey Barker(a) Residence, No. 915 W. Emmons St. Mexico, Mo. St. ☐

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF Emma Barker
(OR) WIFE OF6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1, 1880

7. AGE

YEARS

58

MONTHS

2

DAYS

25

If LESS than 1

day, hrs.

or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

Railroad Laborer

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) Sept. 8, 193811. Total time (years) spent in this occupation 1612. BIRTHPLACE (CITY OR TOWN) Boone County, Mo.
(STATE OR COUNTRY)13. NAME Solomon Barker14. BIRTHPLACE (CITY OR TOWN) Petis County, Mo.
(STATE OR COUNTRY)15. MAIDEN NAME Sarah Palmer16. BIRTHPLACE (CITY OR TOWN) Boone County, Mo.
(STATE OR COUNTRY)17. INFORMANT Emma Barker
(ADDRESS) Mexico, Mo.18. BURIAL, CREMATION, OR REMOVAL Mexico, Mo.
Elmwood Cemetery, DATE Sept, 28, 193819. FUNERAL DIRECTOR (NAME) H.A. Precht & Son
(ADDRESS) Mexico, Mo.20. FILED Oct. 6, 1938G.M. Mosley
Local Registrar21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT. 26, 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:

Coroner Case.
Natural Causes
Unknown

Date of onset

Other contributory causes of importance:

Name of operation, Date of

What test confirmed diagnosis? Was there an autopsy? No

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) Emmard(Address) Audrain County

Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 18 1952

RECEIVED

District Health Officer No. 10

District File Number 10-38-230

Date Filed 10-6-38

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,

Earl E. Precht

, or by

Registered Apprentice No., working under my personal supervision.

Signed

Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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, above space should be left blank.