

REC'D DEC 19 1938

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

39384

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398
(b) Township Blue Primary Registration District No. 5554 Registered No. 320
(c) City Independence (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Indep mo. R. # 2 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 Female white 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Barton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10 - 1869
7. AGE YEARS 69 MONTHS 4 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeping
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) near Hickman Mill
(STATE OR COUNTRY) Jackson Co.

FATHER 13. NAME P. P. Parker

14. BIRTHPLACE (CITY OR TOWN) 5 mi. N. E. Indep
(STATE OR COUNTRY) Jackson Co.

MOTHER 15. MAIDEN NAME Elizabeth Anderson

16. BIRTHPLACE (CITY OR TOWN) 4 mi. N. E. Indep
(STATE OR COUNTRY) Jackson Co.

17. INFORMANT Mrs. Sallie Parker
(ADDRESS) Independence mo. R. # 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Salem Cem DATE Nov 20 1938

19. FUNERAL DIRECTOR Ob + Mitchell
(ADDRESS) Independence mo

20. FILED 11-26-1938 F. L. Cook
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 18 1938

22. I HEREBY CERTIFY, That I attended deceased from April 25 - 1937, to Nov. 18 - 1938
I last saw her alive on Nov. 18 - 1938. Death is said to have occurred on the date stated above, at 9:20 am
The principal cause of death and related causes of importance were as follows:

Acute Cardiac Dilatation

Date of onset
11-16-38

Other contributory causes of importance:
Cachexia & hemorrhage from ulceration of stomach. Was operated Gastro-tomy about 5 yrs ago.
Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19____
Where did injury occur? no
(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? no
If so, specify _____
(Signed) C. Allen, M. D.

(Address) Independence mo

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)