

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

42869  
Do not use this space.

1. PLACE OF DEATH

(a) County Dade Registration District No. 237  
(b) Township Center Primary Registration District No. 4144 Registered No. \_\_\_\_\_  
(c) City Greenfield Mo. (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(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. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Greenfield Mo. St. ☐ (If nonresident, give city or town and State)  
(b) Usual place of abode, if no street address, write county or city

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Ann Elizabeth Barker  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 24, 1881  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
67 1 29  
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. Day laborer  
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) Dade Co. Mo.

FATHER 13. NAME Wm. Barker

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

MOTHER 15. MAIDEN NAME Sara T. Wilson

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

17. INFORMANT (ADDRESS) Rozee Barker  
St. Greenfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE North Cem. DATE Oct. 27, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. W. Ward  
Greenfield Mo.

20. FILED 12-6-38 Geo. R. Blair Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 23, 1938

22. I HEREBY CERTIFY, That attended deceased from Oct. 1 - 38 to Oct. 20 - 38, 1938  
I last saw him alive on Oct. 20 - 1938 Death is said to have occurred on the date stated above, at 7 p. m.

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

Carcinoma of Stomach

Date of onset

Not Known

Other contributory causes of importance: 46

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 \_\_\_\_\_, 1938

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? NO

If so, specify \_\_\_\_\_ (Signed) J. D. Combe M. D.

(Address) Rockwood 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.**