

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.

REC'D MAR 23 1939

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

8123  
Do not use this space.

1. PLACE OF DEATH

(a) County Warr Registration District No. 881  
 (b) Township Albion Primary Registration District No. 6171 Registered No. 8  
 (c) City..... (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

52 1/2 Minnie Barker  
 (a) Residence, No. .... 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) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Herman Barker  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29 - 1868  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
70 2 11  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home  
 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) (STATE OR COUNTRY) near Waverton, Missouri  
 FATHER 13. NAME Philip Luckmann  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 MOTHER 15. MAIDEN NAME Carrie Busch  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 17. INFORMANT (ADDRESS) Herman Barker Waverton Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Eng Stone Church DATE 2/11/39  
 19. FUNERAL DIRECTOR (ADDRESS) F. W. Hurling & Son Waverton Mo.  
 20. FILED Feb. 12, 1939 A. W. Whiting Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 9, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from not at all 19..... to....., 19.....  
 I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....7 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Apoplexy, cerebral Date of onset 82 1/2!  
 Other contributory causes of importance:  
Epilepsy  
 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? NO  
 If so, specify E. J. Braudt, M. D.  
 (Signed) Waverton Mo.  
 Address Waverton Mo.

STATEMENT BY LICENSED EMBALMER

I, John F. Meburg, Licensed Embalmer No. 3897  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self  
..... L. E. ....  
No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed John F. Meburg  
Licensed Embalmer No. 3897

**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.)**