REC'D APR 13 1939

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

9885
Do not use this space.

1. PLACE OF DEATH
(a) County Andrew, 2 Registration District No. 16
(b) Township Rochester 1 Primary Registration District No. 5020 Registered No. 3
(c) City ~~Rochester,~~ 002 (d) Street No. Rochester, Mo. 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 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 635 Laura Caroline Barton,
(a) Residence, No. Rochester, Mo. 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
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: John M. Barton,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 19, 1861.
7. AGE: YEARS 77 MONTHS 10 DAYS 6 If LESS than 1 day, ...hrs. or ....min.

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): Andrew County, Missouri,

FATHER
13. NAME: Benjamin Maughmer, 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ross County, Ohio, 1

MOTHER
15. MAIDEN NAME: Catherine Davault,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ross County, Ohio,

17. INFORMANT (ADDRESS): John M. Barton Rochester, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Jo. Mem. Park DATE March 27, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Frank A. Bowman Savannah, Mo.
20. FILED March 27, 1939 Lora E. Frank
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25th, 1939
22. I HEREBY CERTIFY, That I attended deceased from March 11, 1939, to March 25, 1939
I last saw her alive on March 25, 1939. Death is said to have occurred on the date stated above, at 3:40 p.m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage apoplexy

Date of onset

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? physical 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) W. C. Myers 1, M. D.
14 (Address) Savannah Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X14028

RECEIVED
District Health Officer No. 11
District File Number 39-312
Date Filed APR 11 1939

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 Mar 25, 193

....., or by ....., Registered Apprentice No....., working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 So 10th St Jasp

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.