

REC'D SEP 21 1939

Registration District No. 224

Primary Registration District No. 4465

Registrar's No. 889

1. PLACE OF DEATH:
(a) County St. Francois 2
(b) City or town Flat River, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Flat River, Mo. (b) County St. Francois
(c) City or town Flat River, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Crane
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME Mr. Miles Thomas Barron 650
8. (b) If veteran, name war _____
8. (c) Social Security No. 493039842

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 6
year 1939 hour 19 minute 4 M.

4. Sex Male 5. Color or white race Caucasian
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ms. Lizzie Belle Barron
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 2 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 29
1939, to Aug 6, 1939
that I last saw him alive on Aug 6, 1939
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>4</u>	<u>4</u>	_____ hr. _____ min.

Immediate cause of death Sarcoma of stomach
Due to Cause unknown
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Min. La Motte - Madison county - Mo.
(City, town, or county) (State or foreign country)

Duration possibly 1 yr.
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation Machine man at day of drills

Major findings: Sarcoma of liver
Mitastases
Of operations _____
Of autopsy _____

MOTHER FATHER
11. Industry or business Employed by St. Joseph Lead Co.
12. Name Mr. John Wesley Barron
13. Birthplace North Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Mrs. Mary Ann Day Barron
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place)
(e) Means of injury _____

16. (a) Informant's own signature L. Belle Barron
(b) Address Flat River, Mo.

23. Signature Mary Barron (M. D. _____)
Address Flat River, Mo. Date signed 8/8-39

17. (a) Burial (b) Date thereof August 8-1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pertle Cemetery - Cross Plains Mo.

18. (a) Signature of funeral director Alvin W. Hood
(b) Address Flat River, Mo.
19. (a) 8/7/39 (b) B. B. Barron
(Date received local registrar) (Registrar's signature)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. State of information shown on cemetery supplied. AGE should be stated EXACTLY. PHYSICIANS should state

3667

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 Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address Flat River, Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

→ If this body is not embalmed, above space should be left blank.