

NOV 20 1939

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

35585
Do not use this space.

1. PLACE OF DEATH

(a) County Bartholomew Registration District No. 85
(b) Township 2 Primary Registration District No. 1001 Registered No. 1106
(c) or City St Joseph (d) Street No. 2614 Doanest 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 2614 - Doanest 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 M 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clarence R Barker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7-1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 4 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Statewide
9. Industry or business in which work was done, as saw mill, bank, etc. nonwife
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) Savannah Mo.

FATHER 13. NAME Robt. Waldron

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

MOTHER 15. MAIDEN NAME Dashia Gordon

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

17. INFORMANT (ADDRESS) C. R. Barker
2614 Doanest

18. BURIAL, CREMATION, OR REMOVAL PLACE Savannah Mo DATE Oct 28, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Rainier Mortuary
1602 Melon

20. FILED Oct 28 1939 A. J. Mettelbrud
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26 - 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1939 to Oct 26, 1939

I last saw him alive on Oct 25, 1939. Death is said to have occurred on the date stated above, at 3A m.

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

apoplexy
hypertensive

Other contributory causes of importance:

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? _____ 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 _____

(Signed) Rector W. Anderson M. D.

(Address) 109 1/2 W. Mo. ave.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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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

J. F. Ramsey

Licensed Embalmer No.

4081

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.