3182

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29

Registration District No. 614

Primary Registration District No. 4555

Registrar's No. 5

FEB 1 1940

1. PLACE OF DEATH:

(a) County NEWTON 2

(b) City or town GRANBY (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 (b) County

(c) City or town (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mary Elizabeth Barton

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, ~~divorced~~ Widowed

6. (b) Name of husband ~~or wife~~ Smith Giles Barton

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct (Month) 29 (Day) 1861 (Year)

8. AGE: Years 78 Months 2 Days 22 If less than one day hr. min.

9. Birthplace BERRY Co (City, town, or county) MO (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Smith Giles
13. Birthplace (City, town, or county) New York (State or foreign country)

MOTHER
14. Maiden name Rachel Cunningham
15. Birthplace (City, town, or county) Penn (State or foreign country)

16. (a) Informant's own signature Edna Griffin

(b) Address Jenkins Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Billings Mo

18. (a) Signature of funeral director James Hutchison

(b) Address Granby Mo

19. (a) Jan 22-40 (Date received local registrar) (b) D R Rolens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21 year 1940 hour 9 minute 8 M.

21. I hereby certify that I attended the deceased from Dec 6, 1939, to Jan 21, 1940; that I last saw her alive on Jan 21, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho pneumonia	2 days
Due to Myocardial Degenerative Changes	over 2 mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Charles O Chester (M. D. or other) DO

Address Granby Mo Date signed 1/22/40

(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.

WRITE PERMIT—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

I X19511

RECEIVED
District Health Officer No. 6,
District File Number 240-593
Date Filed FEB 16 1940

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 James Nutman, Registered Apprentice No. ....., working under my personal supervision.

Signed James Nutman

Licensed Embalmer No. 1917

P. O. Address Granby Mo

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.

No. 2B
-2-21-40
I X22659

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3182

Registration District No. 614 Primary Registration District No. 45-55 Registrar's No.

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Granby (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 years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Newton

(c) City or town Granby. (If outside city or town limits write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mrs Elizabeth Barton

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 22 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER 12. Name

13. Birthplace (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) Jan 22-40 (Date received local registrar) (b) L E Rolens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Charles O Chester (M.D. or other)

Address Granby Mo Date signed

SUPPLEMENTARY

MAY 17 1940

S-3182