

FEB MAR 14 1940

Registration District No. 88

Primary Registration District No. 5120

Registrar's No. _____

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

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town Rural
 (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 63

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Buchanan
 (c) City or town Easton, Mo. Rural R. 1
 (d) Street No. _____
 (e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME WILLIAM A. BARTON
 (b) If veteran, name war _____ (c) Social Security No. _____

20. DATE OF DEATH: Month Feb. day 8th.
 year 1940 hour 8 minute 45 A.M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Elsie Barton
 (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Jan 9th 1873
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from JAN. 4th
1940 to FEB. 8th 1940
 that I last saw him alive on FEB 8th 1940
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
67 0 28 hr. min.

Immediate cause of death _____
Acute Myocarditis
 Due to _____
 Due to Diabetes
 Other conditions (Include pregnancy within 3 months of death) 54

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
 { 12. Name Thomas Barton
 { 13. Birthplace Unknown Ky.
 { 14. Maiden name Cynthia Reynolds
 { 15. Birthplace Faucett Mo.

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy none
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Elsie Barton
 (b) Address Easton, Mo. R.R. 1

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? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

17. (a) Burial (b) Date thereof Feb. 9th. 40
 (c) Place: burial or cremation Ebenezer Cemetery

18. (a) Signature of funeral director FLEEMAN & SON, INC.
 (b) Address 1946 Calhoun St. Joseph, Mo.

While at work? _____ (Specify type of place)
 (c) Means of injury _____

19. (a) Feb. 9 - 1940 (b) Mrs. L. J. Powell
 (Date received local registrar) (Registrar's signature)

23. Signature Dr. J. Z. Kimble (M. D. or other) _____
 Address Easton, Mo. Date signed 2-8-40

RECEIVED

District Health Officer No. 11,
340-339

District File Number

Date Filed

3-12-46

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

A. G. Swan

Licensed Embalmer No.

4082

P. O. Address

St Joseph

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.