

JUN 14 1940

Registration District No. 391

Primary Registration District No. 4230

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Ironton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(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

3. (a) PRINT FULL NAME John Barton 635

8. (b) If veteran, name war _____ 3. (c) Social Security None

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased June 20, 1854
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>85</u>	<u>11</u>	<u>3</u>	hr. min.

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

10. Usual occupation farmer retired

11. Industry or business _____

MOTHER FATHER { 12. Name James Barton

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

14. Maiden name Mary Jane Reese

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

16. (a) Informant M.N. Camden

(b) Address Buick Mo.

17. (a) burial (b) Date thereof May 25 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oats Mo.

18. (a) Signature of funeral director Norman White & Sons
Ironton Mo

(b) Address _____
19. (a) May 26-40 (b) Julia A. Hunton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron
(c) City or town Buick
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
year 1940 hour 6:00 minute P/ M.

21. I hereby certify that I attended the deceased from 4:30 P.M.
May 23, 1940, to 6:00 P.M. May 23, 40

that I last saw him alive on May 23, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death shock

Due to Accident involving fracture of mandible, fracture of nose, fracture of left femur, lacerations of face and jaw.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations as above.

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 5-23-40

(c) Where did injury occur? Buick Iron Missouri
(City or town) (County) (State)

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

969 While at work? riding (Specify type of place)
(e) Means of injury automobile accident

23. Signature _____ (M. D. or other) _____

Address _____ Date signed 5-25-40

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

210 W
95

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.....

Licensed Embalmer No.....

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18596

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 391

Primary Registration District No. 4230

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Fronton
(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 _____ (Specify whether _____)
years, months or days)

3. (a) PRINT FULL NAME

John Barton

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m

5. Color or race w

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased _____

(Month)

(Day)

(Year)

8. AGE:

Years 85

Months 11

Days 3

If less than one day _____ hr. _____ min.

9. Birthplace _____

(City, town, or county)

(State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____

(City, town, or county)

(State or foreign country)

14. Maiden name _____

15. Birthplace _____

(City, town, or county)

(State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____

(Date received local registrar)

(Registrar's signature)

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.

20. DATE OF DEATH Month May day 23
year 1946 hour _____ minute _____ M.

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

Immediate cause of death Shock
accident involving
fracture of mandible
fracture of nose
fracture of left femur
lacerations to jaw

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy collision with other motor vehicle

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? _____

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

23. Signature Geo W. Gray (M. D. or other) _____
Address Fronton Mo Date signed _____

SUPPLEMENTAL

