DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 22 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18936

Registration District No. 527 Primary Registration District No. ~~5703~~ 4313 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Macon

(b) City or town Bevier (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2 (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 Mo (b) County Macon

(c) City or town Bevier Mo (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.

8. (a) PRINT FULL NAME Walter J. Barton 622

3. (b) If veteran, name war

3. (c) Social Security No. 401-26-0338

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife —

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

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

8. AGE: Years | Months | Days | If less than one day

about 35 years hr. min.

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

10. Usual occupation section hand 7

11. Industry or business Railroad

FATHER
12. Name dont know 7
13. Birthplace " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name dont know
15. Birthplace — (City, town, or county) (State or foreign country)

16. (a) Informant no special information

(b) Address

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-1-40 (Month) (Day) (Year)

(c) Place: burial or cremation Bevier Mo

18. (a) Signature of funeral director H. E. Edwards

(b) Address Bevier Mo

19. (a) 6-1-1940 (Date received local registrar) (b) Edw. Simpson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st year 1940 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from June 1st, 1940 to June 1st, 1940 that I last saw h — alive on — 19 — and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Accident Killed by a C.B.&Q. Train, 1/2 mi West of	Inst
Due to Depot both Leg Cut off & fractured Skull	
Due to He was supposed to be Drunk He was walking Along R.R. track	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations None 207 M

Of autopsy No

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) Accident

(b) Date of occurrence June 1st 1940

(c) Where did injury occur? Bevier Macon Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? No (e) Means of injury Struck of R.R. Train

23. Signature C.O. West Coroner (M. D. or other)

Address New Cambria Mo Date signed June 1 40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File No. 6-40-1234
Date Filed [redacted] 2 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.....

....., 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.