

FILED JUN 20 1940 2

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

19805  
Do not use this space.

1. PLACE OF DEATH

(a) County Wayne Registration District No. 890  
 (b) Township St. Francis Primary Registration District No. 4539  
 (c) City Greenville (d) Street No. \_\_\_\_\_  
 (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 16

2. PRINT FULL NAME

(a) Residence, No. 626 N. ELMA DEAN BARKER St. Greenville Mo.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23 - 1940  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 2  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 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) Greenville Missouri  
 FATHER 13. NAME Geo. H. Barker  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caldwate Missouri  
 MOTHER 15. MAIDEN NAME Alexander  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hendrickson Missouri  
 17. INFORMANT (ADDRESS) Geo. H. Barker Greenville, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Wickman Cemetery May 26 - 1940  
 19. FUNERAL DIRECTOR (ADDRESS) W. C. Choy Poplar Bluff, Mo.  
 20. FILED May 31, 1940 Mabel Beasley Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25 1940  
 22. I HEREBY CERTIFY, That I attended deceased from May 23, 1940, to May 25, 1940  
 I last saw her alive on May 24, 1940 Death is said to have occurred on the date stated above, at 5:00 m.  
 The principal cause of death and related causes of importance were as follows:  
Premature Birth Date of onset  
15M  
 Other contributory causes of importance:  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_ (Signed) O. G. Myers, M. D.  
 (Address) Greenville, Mo.

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.

**STATEMENT BY LICENSED EMBALMER**

I, ..... Licensed Embalmer No. 3474  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by not .....  
..... L. E. ....  
No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.  
Signed W. P. Crox .....  
Licensed Embalmer No. ....

**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.)**