S. No. 2
—11-10-39
5-17-39
I X21492

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

JUL 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21786

Registration District No. 318 Primary Registration District No. 5439 Registrar's No. 501

1. PLACE OF DEATH:
(a) County GREENE Campbell Twp
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Co. Farm
(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 Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1660 W. Phelps
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME CHARLES G. BARKER.
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Fannie Barker
6. (c) Age of husband or wife if alive Dec years
7. Birth date of deceased August (Month) 5 (Day) 1862 (Year)

8. AGE:	Years	Months	Days	If less than one day
1	77	10	0	— hr. — min.

9. Birthplace Unknown (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Retired
11. Industry or business Farming
FATHER
12. Name Samuel ~~Unknown~~ Barker
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Jesse J. Barker
(b) Address 1660 W. Phelps St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Brighton, Mo.
18. (a) Signature of funeral director J. W. Klingner Co.
(b) Address Springfield, Mo.
19. (a) June 7, 1940 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature) RJB

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 5th day J
year 1940 hour 5 minute 50 P. M.
21. I hereby certify that I attended the deceased from Jan. 10, 1940 to June 5, 1940 that I last saw him alive on June 1, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Insufficiency	2 yr.
Due to: Senility	5 yr.
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 E. C. Mullinks (M. D. or other) MD
Address Springfield, Mo Date signed 6/6/40

(Licensed Embalmer's Statement on Reverse Side)

JUN 29 1954

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 Roy A. Baum

Licensed Embalmer No. 1763

P. O. Address Springfield

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.