AUG 23 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25007

Registration District No. 224 Primary Registration District No. 5309 Registrar's No. 9

1. PLACE OF DEATH:

(a) County Cooper

(b) ~~City or town~~ North Moniteau Township (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 years, months or days) In this community Entire Life in Cooper County, Mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

(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.

3. (a) PRINT FULL NAME John Dickson Barron 650

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Emelia Barron

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased July (Month) 16 (Day) 1883 (Year)

8. AGE: Years 57 Months 0 Days 6 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business " "

FATHER
12. Name Walter Barron
13. Birthplace Waterford Town (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Virginia Hurt
15. Birthplace Cooper County, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature R B Barron

(b) Address Bunceton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-22-40 (Month) (Day) (Year)

(c) Place: burial or cremation Boonville, Mo

18. (a) Signature of funeral director L. G. Parker

(b) Address Bunceton, Mo.

19. (a) 7-22-40 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22 year 1940 hour 5 minute a M.

21. I hereby certify that I attended the deceased from July 1st 1940, 19__, to July 22nd 1940, that I last saw him alive on July 20th 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
chronic nephritis	6 mo
also valvular Heart Dis	1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Orifice of Effusion	

Major findings: Of operations None

Of autopsy None

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? 202 (Specify type of place)

While at work? (e) Means of injury

23. Signature M H Elliott (M. D. or other)

Address Bunceton Mo Date signed July 22d

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

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

N. B.—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.

50M-5-17-39 Rev. 5-17-39 1 X19511

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-23-40

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.