

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **28407**
Registrar's No. **6**

Registration District No. **1035** Primary Registration District No. **5871**

1. PLACE OF DEATH:
(a) County **Deer**
(b) City or town **Currant 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 _____ years, months or days

3. (a) PRINT FULL NAME **Mary L. Barton**
3. (b) If veteran, name war _____ **3. (c) Social Security No.** _____

4. Sex **Female** **5. Color or race** **W**
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased **Aug 21 1938**
(Month) (Day) (Year)

8. AGE: **1** Years **11** Months **5** Days If less than one day _____ hr. _____ min.

9. Birthplace **Deer Co Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Baby**

11. Industry or business
12. Name **Virgil Barton**
13. Birthplace **Petrolia Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Sadie Korman**
15. Birthplace **Deer Co Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Virgil Barton**
(b) Address **Montauk Mo.**

17. (a) _____ **(b) Date thereof** **7 26 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Patterson Cemetery**

18. (a) Signature of funeral director **Robert Deane**
(b) Address **Salem Mo.**

19. (a) **8/2 1940** **(b)** **J. A. Rasoch**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Deer**
(c) City or town **Rural** (If outside city or town limits, write "RURAL")
(d) Street No. **Rural Montauk** (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **26** year **1940** hour **3 15** minute **19** M.
21. I hereby certify that I attended the deceased from **July 15 1940** to **July 26 1940**
that I last saw her alive on **July 26 1940** and that death occurred on the date and hour stated above.

Immediate cause of death **Septicemia**
Due to **Heat**
Due to **Heat**

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?

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

23. Signature **Dale M. D. or other**
Address **Salem Mo.** Date signed **July 26 1940**

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

RECEIVED

District Health Officer No 5,

District File Number 940 965

Date Filed

*9 a. Kissack
Maples, mo.*

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.