

DEC 17 1940

Registration District No. 475

Primary Registration District No. 5639

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Lawrence Spring R
(b) City or town Verona - Rural
(If outside city or town limits, write "RURAL" and name of 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 _____
In this community Life time (Specify whether years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Verona Mo R. F. D
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 2 day 23
year 1940 hour 7:30 AM minute _____ M.
21. I hereby certify that I attended the deceased from 9 1940 to Nov 23 1940
that I last saw him alive on Nov 19-40 1940
and that death occurred on the date and hour stated above.
Immediate cause of death Myocarditis

Duration not known

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN

Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME John Franklin Barker

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Edith 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 12 1879
(Month) (Day) (Year)

8. AGE: Years 61 Months 9 Days 11 If less than one day hr. _____ min.

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

10. Usual occupation Farmer

MOTHER FATHER { 11. Industry or business _____
12. Name C. D. Barker
13. Birthplace Forsyth Mo
(City, town, or county) (State or foreign country)
14. Maiden name Eliot Ann
15. Birthplace Hills County Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Mary Barker
(b) Address Verona Mo

17. (a) Burial (b) Date thereof Nov 24 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spring River Cemetery

18. (a) Signature of funeral director H. D. Fossett
(b) Address Mo Verona Mo

19. (a) 11/26/40 (b) A. J. Rudy
(Date received local registrar) (Registrar's signature)

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? 426

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

23. Signature Phil Smith MD (M. D. or other) _____
Address Dr. M. Pleasant Aurora Date signed 11/24/40

TMO

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

RECEIVED

District Health Officer No. 6,

District File Number 1240-3044

Date Filed DEC 16 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.....

Max L. Fossett, Registered Apprentice No. 268
working under my personal supervision.

Signed H. D. Fossett

Licensed Embalmer No. 2201

P. O. Address mt. Vernon

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.