. No. 2
-11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
SEP 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28711

Registration District No. 464 Primary Registration District No. 5622 A Registrar's No. 38

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

54
0
0

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Rural - Clay 2 (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5 Miles N.W. Odessa (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 26 - 1 - 1 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 054 0 0

(c) City or town Rural (If outside city or town limits write "RURAL")

(d) Street No. 5 Miles NW Odessa. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

8. (a) PRINT FULL NAME James Earl Barker.

3. (b) If veteran, name war No

3. (c) Social Security No. 444-09-0656

4. Sex Male 0

5. Color or race Wht.

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

6. (b) Name of husband or wife Nancy Barker

6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased 7 (Month) 1 (Day) 1915 (Year)

8. AGE: Years 26 Months 1 Days 1 If less than one day hr. min.

9. Birthplace Odessa (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Noah Barker
13. Birthplace Lafayette (City, town, or county) 0 Missouri (State or foreign country)

MOTHER
14. Maiden name Jane Wilson
15. Birthplace Lafayette (City, town, or county) 0 Missouri (State or foreign country)

16. (a) Informant Mrs. Earl Barker
(b) Address Odessa, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 - 5 - 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Barker Cem.

18. (a) Signature of funeral director [illegible]
(b) Address Odessa Mo

19. (a) August 3/41 (Date received local registrar) (b) Mrs E. M. [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2 year 1941 hour 9 minute 30 P M.

21. I hereby certify that I attended the deceased from Aug. 1939 to Aug 1941 that I last saw him alive on Aug. 2, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia — Duration 4 days

Due to Essential hypertension — 9 years

Due to Chronic Interstitial nephritis

Other conditions (Include pregnancy within 3 months of death) 131a

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 L. W. Higgins (M. D. or other) DO
Address Buckner Mo Date signed 8/3/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 9-11-41
Date Filed

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 Bm C. Blmeor

Licensed Embalmer No. 1836 Be

P. O. Address Odessa Mo.

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.