

No. 2
13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **36267**

Registration District No. **870**

Primary Registration District No. **6057**

Registrar's No. **38**

1. PLACE OF DEATH: *Scotland*

(a) County *Scotland*

(b) City or town *"Rural" near Joplin*

(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 *LIFE* years, months or days

3. (a) PRINT FULL NAME *Dr. P. M. Barker*

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex *MO* 5. Color or race *W* 6. (a) Single, widowed, married, divorced *Married*

6. (b) Name of husband or wife *Irene Jackson Barker* 6. (c) Age of husband or wife if alive *65* years

7. Birth date of deceased *Dec 14 1865* (Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <i>75</i> | <i>2</i> | <i>19</i> | hr. _____ min. _____ |

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

10. Usual occupation *Doctor - D.O.*

11. Industry or business _____

12. Name *Daniel Barker*

13. Birthplace *Kent* (City, town, or county) (State or foreign country)

14. Maiden name *Lissie Hinkston*

15. Birthplace *Kent* (City, town, or county) (State or foreign country)

16. (a) Informant *S. W. Smith*

(b) Address *Memphis Mo*

17. (a) *burial* (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation *Hickory Grove*

18. (a) Signature of funeral director *Walter R. Rabbit*

(b) Address *Memphis Mo*

19. (a) *Oct. 3 1941* (Date received local registrar) *E. E. Parish* (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State *MO* (b) County *Scotland*

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

(d) Street No. *Energy Mo* (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Feb* day *27* year *1941* hour *1 a.m.* minute _____ M.

21. I hereby certify that I attended the deceased from *Jan 1*, 1941, to *Feb 22*, 1941; that I last saw him alive on *Feb 22*, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death *Bronchopneumonia*

Due to *Chronic Myocarditis*

Due to _____

Other conditions (Include pregnancy within 5 months of death) *107*

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 *200*

23. Signature *Ann Weethler* (M. D. or other) _____

Address *Memphis Mo* Date signed _____

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 11-41-2019

Date Filed NOV 13 1941

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..... *Fred Lerth Jr.*.....

Licensed Embalmer No. 4121

P. O. Address Memphis 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, fact should be so stated above.