

No. 2
-1-4-41
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 21 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41946
Registrar's No. 984

Registration District No. 318

Primary Registration District No. 2001

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

1. PLACE OF DEATH:

(a) County. GREENE
(b) City or town. Springfield City
(c) Name of hospital or institution:
City Hospital - 20
(If not in hospital or institution, give street number or location)
(d) Length of stay: In hospital or institution. 8 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME. Lezzie Barton
(b) If veteran name war. None
(c) Social Security No. none

4. Sex. F
5. Color or race. Negro
6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife. Andrew Barton
6. (c) Age of husband or wife if alive. 56 years
7. Birth date of deceased. Feb - 3 - 1890
(Month) (Day) (Year)

8. AGE: Years 51 Months 10 Days 15
If less than one day hr. min.

9. Birthplace. Penna Miss 1
(City, town, or county) (State or foreign country)

10. Usual occupation. Domestic

11. Industry or business.

MOTHER FATHER
12. Name. Henry Freeman
13. Birthplace. Penna Miss 1
(City, town, or county) (State or foreign country)
14. Maiden name. Anna Workman
15. Birthplace. Penna Miss 1
(City, town, or county) (State or foreign country)

16. (a) Informant. Andrew Barton
(b) Address. 1374 - E - Division

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof. 12-31-41
(Month) (Day) (Year)

(c) Place: burial or cremation. Lincoln Memorial

18. (a) Signature of funeral director. H. V. Smith

(b) Address. 702 - N - Jefferson

19. (a) 12-20-41
(Date received local registrar) (b) W. E. Handley MD
(Registrar's signature)

(Licensed Embalmer - Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo (b) County. Greene 39
(c) City or town. Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1374 - E - Division
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mon ~~12-18-41~~ 18th
year 1941 hour minute 30 P.M.

21. I hereby certify that I attended the deceased from July 6
1941 to 12-18-41
that I last saw him alive on 12-17-41
and that death occurred on the date and hour stated above.

Immediate cause of death. Encephalitis
Septic & Neuritic 6 mos
Duration

Other conditions. Encephalitis - not epidemic type
(Include pregnancy within 3 months of death)

Major findings: Of operations. Of autopsy. 90B
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.

Signature. W. I. Walsh (M. D. of Other)
Address. Springfield Mo Date signed 12/19/41

X

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, fact should be so stated above.