

FILED APR 20 1942

Registration District No. _____

Primary Registration District No. 5759A

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Miller
(b) City or town Rural, Jew Henry Twp
(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 _____ (Specify whether _____)
In this community Life years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Miller
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Jussumber, Mo, R#1
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME AMY ARIZONA BARTON

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Louis Andrew Barton 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Nov. 18 - 1970
(Month) (Day) (Year)

8. AGE: Years 71 Months 3 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business Groom

12. Name James McBarbuck

13. Birthplace Osage County, Mo (City, town, or county) (State or foreign country)

14. Maiden name Mary Capps

15. Birthplace Boone County, Mo (City, town, or county) (State or foreign country)

16. (a) Informant Louis A Barton

(b) Address Jussumber, Mo R#1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-7-42 (Month) (Day) (Year)

(c) Place: burial or cremation Capps Cem, Jussumber

18. (a) Signature of funeral director G. L. Casey

(b) Address Jew Henry Twp

19. (a) 3/9/42 (Date received local registrar) (b) H. C. Wright (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5 year 1942 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from February 15 1942 to March 5 1942 that I last saw her alive on March 5 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis due to Coronary Arteriosclerosis
Due to Cardiac and vascular disease

Duration

21 days

years

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 M. E. Humphrey (M. D. or other) 11-00
Address Jussumber, Mo Date signed 3/9/42

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

66
0
0

RECEIVED
Miller County Health Dept
County File Number 42-23
Date Filed 4/16/42

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 *Ch. Bay*
Licensed Embalmer No. *2694*
P. O. Address *Iberia, 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.