

FILED MAY 14 1942

Registration District No. 471

Primary Registration District No. 2002

Registrar's No. 173

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 25 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 915 North St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Mable Barker

3. (b) If veteran, name war ***

3. (c) Social Security No. ***

4. Sex Fem 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Samuel Barker 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased January 7, 1874
(Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days 19 If less than one day hr. min.

9. Birthplace Rich Hill Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House duties

11. Industry or business

12. Name Ramsay
13. Birthplace No record
(City, town, or county) (State or foreign country)
14. Maiden name Starr
15. Birthplace No record
(City, town, or county) (State or foreign country)

16. (a) Informant Samuel Barker
(b) Address 915 North Street

17. (a) Burial (b) Date thereof 4/28/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cem.

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address Joplin, Mo

19. (a) 4-28-42 (b) Husted Hudkutter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year 1942 hour 9 minute 30 PM.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw Did not see alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Burns, severe Duration _____
When coal oil cook stove
exploded and
burned the house

Due to _____
Due to _____

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) Accident
(b) Date of occurrence Apr 25/42
(c) Where did injury occur? Joplin (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 Coal

23. Signature P. A. Webster (M. D. or other)
Address Cartersville, Mo Date signed Apr 27

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

MOTHER FATHER

471

42.4-42f

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.....
.....
working under my personal supervision.

Signed *Henry L. Schubert* Registered Apprentice No.

Licensed Embalmer No. *959*

P. O. Address *Springfield, 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.