

Registration District No. 79

Primary Registration District No. 5037

Registrar's No.

1. PLACE OF DEATH: AUDRAIN

(a) County CENTRALIA RURAL

(b) City or town CENTRALIA RURAL
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Wilson Supp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME BARTON LOUIS IMAN

3. (b) If veteran, name war NO

3. (c) Social Security No. none

4. Sex MO 5. Color or race W

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

6. (b) Name of husband or wife Ida D. Iman 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Jan 7, 1873
(Month) (Day) (Year)

8. AGE: Years 69 Months 4 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Centralia Co Franklin Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Longway & Street Car

12. Name Dorothy Iman

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

14. Maiden name Jerry McCutcheon

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

16. (a) Informant Mrs Louis Williams

(b) Address Centralia Mo

17. (a) Burial (b) Date thereof 5 3 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centralia Mo

18. (a) Signature of funeral director Inda M. Kansas

(b) Address Centralia Mo

19. (a) 5-3-1942 (b) Mrs Aub. Playter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7 year 1942 hour 9 minute 25 A.M.

21. I hereby certify that I attended the deceased from 1933 to _____, 19____, to _____, 19____;

that I last saw him alive on May 3, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy

Duration 4 days

Due to _____

Due to hypertension 9 yrs

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: 830

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? 0

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Frank M. Kansas (M. D. or other)

Address Centralia Mo Date signed _____

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

MOTHER FATHER

11/79

78 06

95

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 M. J. McSweeney
Licensed Embalmer No. 2581
P. O. Address Centralia, 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. not embalmed