

FILED AUG 17 1942

Registration District No. 2-6-6-100

Primary Registration District No. 6-2-3-8-383

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Dent Rural
(b) City or town Gladden, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution most of her life
In this community years, months or days

3. (a) PRINT FULL NAME OPAL EVELYN BARTON

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

4. Sex F. 1 5. Color or race W. 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife GENERAL H. BARTON 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased Feb. 24 (Month) (Day) (Year)

8. AGE: Years 29 Months Days If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name Wm. Gidens

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

14. Maiden name

15. Birthplace Etta Williams (City, town, or county) (State or foreign country)

16. (a) Informant John Barton

(b) Address Adwin Mo.

17. (a) BURIAL (b) Date thereof 5-27-42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Empire Cem.

18. (a) Signature of funeral director

(b) Address Salem, Mo.

19. (a) 5-27-42 (b) for J. McLeod by H. G. H. (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. NEAR JADWIN, Mo.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 24 year 1942 hour 2:30 minute P. M.

21. I hereby certify that I attended the deceased from May 18th 1942 to May 24, 1942, that I last saw her alive on May 24, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis
Due to Enteritis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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. D. or other)

Address Salem, Missouri Date signed May 26 1942

RECEIVED

District Health Officer No: 5

District File Number 7425-56

Date Filed 8-14-42

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.....

Licensed Embalmer No. 9370

P. O. Address Colin 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.