

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25456

State File No.

FILED AUG 1 1942

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Shannon
(b) City or town Verona Mo Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 41 year
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 41 year (Specify whether years, months or days)
In this community 41 year

3. (a) PRESENT FULL NAME

3. (b) If veteran, name war 1 3. (c) Social Security No. 1

4. Sex M 5. Color or race W 6. (a) Single, widowed, married Married

(b) Name of husband or wife Mrs. Barton 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Nov 30 1873 (Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days 24 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name of father James Nichols

(b) Birthplace Missouri (City, town, or county) (State or foreign country)

14. Maiden name Nancy Kelly

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

16. (a) Informant M.E. Barton

(b) Address Verona Mo

17. (a) Burial (b) Date thereof 3/30-42 (Month) (Day) (Year)

(c) Place: burial or cremation Funeral Chapel

18. (a) Signature of funeral director John F. Hamilton

(b) Address Verona Mo

19. (a) 3-30-42 (Date received local registrar) (b) Frank Hyde MO (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shannon
(c) City or town Verona Mo (If outside city or town limits, write "RURAL")
(d) Street No. Rural (If none, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 27 year 1942 hour 10 minute 30 AM

21. I hereby certify that I attended the deceased from Mar 22 1942 to Mar 27 1942
that I last saw him alive on Mar 27 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis

Due to Influenza

Due to 932

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) Means of injury

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

Address Verona Mo Date signed 3-30-42

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

MOTHER, FATHER

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 5,

District File Number 742451,

Date Filed 7. 28. 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

working under my personal supervision.

Registered Apprentice No. 301

Signed

Licensed Embalmer No. 2516

P. O. Address Mr. & Mrs. J. F. Duncan

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.