S. No. 2
—11-10-39
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 8 1942

Registration District No. 177

MISSOURI STATE BOARD OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4267

37397

State File No.

Registrar's No. 62

54
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**1. PLACE OF DEATH:**
(a) County Lafayette
(b) City or town Odessa 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 (Specify whether years, months or days)
In this community 72 yr.

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Mo. (b) County Lafayette
(c) City or town Odessa.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Noah Lee Barker.
3. (b) If veteran, name war No.
3. (c) Social Security No. No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Jane Barker.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 16 (Day) 1870 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 72 | 8 | 29 | hr. min. |

9. Birthplace Lafayette Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farmer- Retired.
11. Industry or business
FATHER
12. Name William Barker.
13. Birthplace Lafayette Co. (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Sally Warner.
15. Birthplace Unknown. (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Mrs George Duff
(b) Address Odessa Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov-19-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Barker Cem.
18. (a) Signature of funeral director Alvin Hom
(b) Address Odessa, Mo
19. (a) Nov-16-1942 (Date received local registrar) (b) Mrs W. Baker (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov day 15 year 1942 hour 7 minute 15 P. M.
21. I hereby certify that I attended the deceased from called in and last saw him alive on to Coroner, 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Probably Coronary Occlusion | |
| Contributed to by feeble & weak | |
| Due to falling & fracture of femur | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) 94 | |

Major findings:
Of operations
Of autopsy no 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? (Specify type of place)
While at work?
(e) Means of injury
23. Signature W. W. Martin M.D. Coroner (M.D. or other)
Address Odessa Mo Date signed 4/11/42

1101

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-9-42

## 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 Horace Blunore

Licensed Embalmer No. 2758

P. O. Address Odessa 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, above space should be left blank.**