

FILED DEC 18 1942

Registration District No. 12.1

Primary Registration District No. 58-13 5841

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

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Rural
(c) Name of hospital or institution: Buffalo Sup
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 15 years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. P. E. D. 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

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3. (a) PRINT FULL NAME George W. Barton

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nona Barton 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased May 11 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
44 6 17 hr. min.

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

10. Usual occupation Farmer and Machinac

11. Industry or business

MOTHER FATHER
12. Name H. F. Barton
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Melvina Mitchell
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Removal
(b) Address Seneca, Mo. R. 2

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

(c) Place: burial or cremation Weir, Kansas.

18. (a) Signature of funeral director B. W. BUZZARD
(b) Address Seneca, Mo.

19. (a) Dec 3, 1942 (b) W. R. Bennett
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 28
year 1942 hour. minute M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Gun shot wound through chest.

Due to Homicide

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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) Homicide

(b) Date of occurrence Nov 28 - 1942

(c) Where did injury occur? Newton Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway

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

23. Signature J. R. Reynolds (M. D. or other)

Address 3 Date signed 12-1-42

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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 Bill Puppard
Licensed Embalmer No. 2334
P. O. Address Seneca 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.