

FILED FEB 13 1943

State File No. ....

Registration District No. 163

Primary Registration District No. 3031

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Jefferson

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

(c) Name of hospital or institution:  
Blow 9 Miller St. /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether)

In this community 1 day (Yes or No)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Jefferson

(c) City or town Richwoods  
(If outside city or town limits, write "RURAL.")

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

3. (a) PRINT FULL NAME RONALD GENE BARTON

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

4. Sex MALE 5. Color or race W

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

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased aug 14 1942  
(Month) (Day) (Year)

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

4 27 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation BAVY

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name WILLARD BARTON

13. Birthplace REYNOLD CO MO  
(City, town, or county) (State or foreign country)

14. Maiden name CARRIE SANN SAUCIE

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

16. (a) Informant Willard Barton

(b) Address Rich Woods mo

17. (a) Burial (b) Date thereof 1-12-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation B Home Cemetery

18. (a) Signature of funeral director Roach & Kitchell

(b) Address Richwoods mo

19. (a) 1-11-43 (b) Fern Spencer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11  
year 1943 hour 5:10 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from Jan 10  
1943, to Jan 11 1943

that I last saw him alive on Jan 11 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia Duration 5 days

Due to acute rhinitis & Bronchitis

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 J. P. Dugels (M.D. or other) Do  
Address Old data, mo Date, signed 1-11-43

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

50  
292

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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.....

*Shumard Mitchell*

Licensed Embalmer No.....

*3873*

P. O. Address.....

*St. Clair, 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.**