

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

8013

Primary Registration District No.

Registrar's No.

FILED MAR 12 1943 378

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

1. PLACE OF DEATH:

(a) County WRIGHT

(b) City or town MTA. GROVE
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether)

In this community. (years, months or days)

3. (a) PRINT FULL NAME Wm Russell 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

6. (b) Name of husband or wife Octavia Parthena Barker

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

7. Birth date of deceased April 10, 1866
(Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 10 If less than one day hr. min.

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

10. Usual occupation Merchant

11. Industry or business

12. Name JOEL BARKER

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

14. Maiden name Betsy Jane Johnson

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

16. (a) Informant Daughter - Leona Lilly

(b) Address MTA. GROVE, MO

17. (a) Burial (b) Date thereof Feb 22 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sansoni

18. (a) Signature of funeral director Russell Barker

(b) Address MTA. GROVE, MO

19. (a) 2-8-43 (b) H. M. Lower
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas

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

(d) Street No. rural - S. of Mta. Grove
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20
year 1943 hour 2:35 minute P. M.

21. I hereby certify that I attended the deceased from 1-30-43 to 2-20-43

that I last saw him alive on 2-12-43 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Duration 1 week

Due to Infirmities of age.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of 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?

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

Signature Wm. J. Frame (M. D. or other)

Date signed 3-2-43

(Licensed Embalmer's Statement on Reverse Side)

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.....

Russell Barber

Licensed Embalmer No.

3848

P. O. Address.....

Mt. Grove, 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.