

FILED JUN 11 1943

Registration District No. 316

Primary Registration District No. 6076

Registrar's No. 16

1. PLACE OF DEATH:

(a) County St Francois

(b) City or town Rural (Liberty) Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: at home
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Francois

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

(d) Street No. _____
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Charles Otto Barron

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 1943 hour 7 minute 36 P M.

4. Sex MO 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased 4 20 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 27 1943 to May 28 1943 that I last saw h. in alive on May 27, 1943 and that death occurred on the date and hour stated above.

8. AGE: Years 65 Months 1 Days 8 If less than one day _____ br. _____ min.

Immediate cause of death Malaria

Due to _____

Due to _____

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

Other conditions Chronic Hepatitis
(Includes pregnancy within 3 months of death)

10. Usual occupation Farmer

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN [Signature]

Underline the cause to which death should be charged statistically.

11. Industry or business Charles Barron

12. Name Charles Barron

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

14. Maiden name Katherine Miller

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

16. (a) Informant William Barron, Son

(b) Address Farmington R²

17. (a) Burial (b) Date thereof May 30 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Libertyville Mo

18. (a) Signature of funeral director [Signature]

(b) Address Farmington Mo

19. (a) May 30 1943 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. or other) _____
Address Farmington Mo Date signed 5/29/43

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

724 920 00

RECEIVED

District Health Officer No. 4
District File Number 643-227
Date Filed 6-5-43

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.....

..... *M*, Registered Apprentice No.....
working under my personal supervision.

Signed..... *C. H. Cozart*

Licensed Embalmer No. 4087

P. O. Address. *Summerton, N.C.*

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.