

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25890

State File No. \_\_\_\_\_

ED AUG 93 1943  
Registration District No. \_\_\_\_\_

Primary Registration District No. 6042

Registrar's No. 1429

## 1. PLACE OF DEATH:

- (a) County Platte  
(b) City or town Varner Twp  
(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 BLUFORD G. BARTON3. (b) If veteran, \_\_\_\_\_ 3. (c) Social Security  
name war ✓ No \_\_\_\_\_4. Sex male 5. Color or white  
race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if

7. Birth date of deceased Nov. 27, 1854  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
88 5 19 hr. min.9. Birthplace Grover County Mo.  
(City, town, or county) (State or foreign country)10. Usual occupation farming

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

12. Name Bedford Barton13. Birthplace unknown  
(City, town, or county) (State or foreign country)14. Maiden name unknown15. Birthplace unknown  
(City, town, or county) (State or foreign country)16. (a) Informant Narb Barton(b) Address Doniphan Mo.17. (a) Burial (b) Date thereof May 18, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Amity Cent.18. (a) Signature of funeral director Black's Mortuary(b) Address Doniphan Mo.19. (a) May 18, 43 (b) Bertha White  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Ripley  
(c) City or town Atley (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 \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16  
year 1943 hour 9 minute - M.21. I hereby certify that I attended the deceased from  
May 12, 1943 to May 16, 1943  
that I last saw him alive on May 15, 1943  
and that death occurred on the date and hour stated above  
Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_Due to Lobar pneumonia

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) (c) Means of injury \_\_\_\_\_

23. Signature C. G. Goff (M. D. or other) \_\_\_\_\_Address Doniphan Mo. Date signed \_\_\_\_\_

## PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged statistically.

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

1219 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
District Health Officer No. 5,  
District File Number 843489  
Date Filed 8-6-49

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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 Leslie D. Russell  
Licensed Embalmer No. 3855  
P. O. Address Corning Arkansas

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.