S. No. 2
M—5-42
5-17-39
I X3287

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

27675

State File No.

FILED SEP 13 1943

Registration District No. 41

Primary Registration District No. 3124

Registrar's No.

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Rural Bloomington Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. R. R. # 1, De Kalb,
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Alexander M. Barton

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Althea Jane Barton

6. (c) Age of husband or wife if alive 90 years

7. Birth date of deceased Feb. 26, 1852 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
91	5	5	hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Johnathan Barton
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Julia Mae Barton
(b) Address R. R. # 1, DeKalb, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 4, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Armstrong Cem. Rushville, Mo.

18. (a) Signature of funeral director Ezra A. Clark
(b) Address 5025 King Hill Av. St. Joe, Mo.

19. (a) Aug 4 1943 (Date received local registrar) (b) Opal E Isaacson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 1
year 1943 hour 12:30p minute p M.

21. I hereby certify that I ~~attended~~ viewed the deceased from on Aug 4, 1943 to , 19 ;
that I last saw him alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Interstitial nephritis	6 mos
Due to Senile Dementia	6 mos
Due to General Arteriosclerosis	3 yrs

Other conditions (Include pregnancy within 3 months of death) 131a

Major findings: Man died without being treated
Of operations by a doctor for in the past 6 months. He has been
Of autopsy no. Confined to his bed most of the time for the past two years

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

23. Signature H F Mundy (M. D. or other) (Coroner)
Address 404 So 3d Date signed 8/4/43

1221

(Licensed Embalmer's Statement on Reverse Side)

Miss Isenbaum Pantell

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 Earl A Clark

Licensed Embalmer No. 4238

P. O. Address St. Joseph 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.