

Registration District No. 75

Primary Registration District No. 5301

Registrar's No. 55

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

1. PLACE OF DEATH:

(a) County Clinton

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

(c) Name of hospital or institution: Shoal Creek
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Clinton

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

(d) Street No. Rural - Shoal Creek
(If rural, give location)

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

3. (a) PRINT FULL NAME HENRY MARVIN BARTEE

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5th
year 1943 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Just
3-2 1943 to Aug 5th 1943
that I last saw him alive on Aug 5th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis

Duration 6 mos.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Daisy Barter 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 17 1872
(Month) (Day) (Year)

8. AGE: Years 70 Months 10 Days 19 hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Thomas Barter

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

14. Maiden name Malinda Hubbard

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

16. (a) Informant John H. Barter
(b) Address 14847 Guilford Ave. Ind.

17. (a) Buried (b) Date thereof 8-7-43 Ind.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antioch

18. (a) Signature of funeral director Edward Fry
(b) Address Kearney Mo

19. (a) 8-10-43 (b) Mrs. Mathew Harris
(Date received local registrar) (Registrar's signature)

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) _____
Means of injury _____

23. Signature Edwin House (M. D. or other) _____
Address Laurson, Mo. Date signed 8/7/43

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

Signed..... *Leonard Gray*

Licensed Embalmer No. *1677*

P. O. Address..... *Keamy*

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.