

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28104**

Registration District No. **5378**

Primary Registration District No. **5378**

Registrar's No. **135**

1. PLACE OF DEATH:
(a) County **DeKalb**
(b) City or town **King City Mo. R.R.** **P.O.K**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **P.O.K. Junc**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **All life.** (Specify whether
In this community **All life.** years, months or days)

3. (a) PRINT FULL NAME **Mattie Barker.**
3. (b) If veteran, **No** name war **No**
3. (c) Social Security **No**
4. Sex **Female** 5. Color or race **Cau.**
6. (a) Single, widowed, married, **2 divorced Widows.**
6. (b) Name of husband or wife **Henry P. Barker.**
6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **April 5 1866**
(Month) (Day) (Year)

8. AGE: Years **77** Months **3** Days **27**
If less than one day hr. min.

9. Birthplace **Andrew Co. Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business

12. Name **Reece Bowman.**
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)
14. Maiden name **Mary E. Heitzel.**
15. Birthplace **Unknown.** (City, town, or county) (State or foreign country)

16. (a) Informant **Whitney Barker.**
(b) Address **Union Star Mo. R.R.**

17. (a) **Burial.** (b) Date thereof **8 3 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **York Cem.**

18. (a) Signature of funeral director **R. H. Taggart**
(b) Address **King City Mo.**

19. (a) **8-4-43** (b) **Emmily**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **DeKalb 3.**
(c) City or town **Rural.** (If outside city or town limits, write "RURAL")
(d) Street No. **King City R.F.D** (If rural, give location)
(e) Citizen of foreign country? **No** (or No)
If yes, name country.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Aug** day **1** year **1943** hour **18** minute **30** M.
21. I hereby certify that I attended the deceased from **Jan 1 1943** to **Aug 1 1943**
that I last saw **in** alive on **July 28 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Angina Pectoris**
Due to **Arterio Sclerosis**

Due to **g4f**
Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
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) (e) Means of injury
23. Signature **E. M. Reynolds** (M. D. **outlet**)
Address **Union Star Mo.** Date signed **8-1-43**

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

FEB 7 1957

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

R. G. Taggart

Licensed Embalmer No. 2563

P. O. Address King City 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.