No. 2
1-5-42
5-17-39
X32873

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

State File No. 28591

FILED SEP 9 1943

Registration District No. 171 | Primary Registration District No. 5637 | Registrar's No. 47

1. PLACE OF DEATH:
(a) County: Lafayette
(b) City or town: Rural Clay Tw
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4 Miles North
(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: 74-1-7.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Lafayette
(c) City or town: ..... (If outside city or town limits, write "RURAL")
(d) Street No.: Rural 4 Miles North (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country: No

3. (a) PRINT FULL NAME: Taylton Patterson Barker

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: Wht

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

6. (b) Name of husband or wife: Ella Barker

6. (c) Age of husband or wife if alive: 69 years

7. Birth date of deceased: July (Month) 22 (Day) 1869 (Year)

8. AGE: Years 74 | Months 1 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace: Greenton (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Farmer Retired

11. Industry or business: .....

FATHER
12. Name: James Barker Sr.
13. Birthplace: Greenton (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Crews
15. Birthplace: Greenton (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Ella Barker
(b) Address: Odessa MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-31-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenton

18. (a) Signature of funeral director: Blinn Funeral
(b) Address: Odessa Mo

19. (a) Aug-31-1943 (Date received local registrar) Mrs W.T. Baker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 29 day Aug. year 1943 hour 3 minute 15 p.m.

21. I hereby certify that I attended the deceased from July 2, 1943, to Aug. 29, 1943 that I last saw him alive on Aug. 22, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis Ch.	
Myocarditis Ch.	
Due to Chronic Bronchitis	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: not done.
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) (e) Means of injury: .....

23. Signature: E.B. Nisbet (M. D.)
Address: Odessa Mo Date signed: 8/3/43

115 1

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed: 9-8-43

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 Horace Blinson

Licensed Embalmer No. 2758

P. O. Address Odessa 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.