

5-17-39
X32873

FILED FEB 14 1944

Registration District No.

Primary Registration District No. 4300

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Lalleville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
MARGARET ELLEN BARTON
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 70 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn
(c) City or town Lalleville
(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.....

3. (a) PRINT FULL NAME

MARGARET ELLEN BARTON

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Phaxton Pector Barton 6. (c) Age of husband or wife if alive 90 years
7. Birth date of deceased Nov. 7, 1854
(Month) (Day) (Year)

8. AGE: Years 89 Months 3 Days 70 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

MOTHER FATHER { 12. Name George McCoy
13. Birthplace South Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Crockett
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jessie Weyer
(b) Address Lalleville, Mo.

17. (a) Buried (b) Date thereof 1-19-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lalleville, Mo.

18. (a) Signature of funeral director J. P. Thorne
(b) Address Lalleville, Linn Co., Mo.

19. (a) Jan. 22-1944 Mrs. Uiria Rowland
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17 year 1944 hour 6 minute 30 M.
21. I hereby certify that I attended the deceased from Jan 15 1944 to Jan 15 1944
that I last saw her alive on Jan 15 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage - apoplexy Duration 100
Due to General arteriosclerosis 15-7-44
Due to Diabetes

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations g3a
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 Brookfield (M. D. or other)
Address Brookfield Date signed 1/17/44

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

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 me
....., Registered Apprentice No. 2876
working under my personal supervision.

Signed W. J. Stone

Licensed Embalmer No. 2876

P. O. Address Laclede, 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.