

S. No. 2
M-2-43
5-17-39
P. I. X35697

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4146

FILED FEB 9 1944

State File No.

Registration District No. 316

Primary Registration District No. 3059

Registrar's No. 144

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Bonne Terre, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bonne Terre Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Cautness, Mo.
(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 Mr. Emmett Mayhew Barton

3. (b) If veteran, name war _____ 3. (c) Social Security No. 493-03-9847

4. Sex male 5. Color or white 6. (a) Single, widowed, married, divorced, MARRIED
Race cauc.

6. (b) Name of husband or wife Eda Barton 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased July 7 1886
(Month) (Day) (Year)

8. AGE: Years 57 Months 6 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Bonne Terre, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business St. Joe Lead Co.

12. Name Mr. Willis Zetser Barton

13. Birthplace Mississippi Co. MO. (City, town, or county) (State or foreign country)

14. Maiden name Mary David

15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eda Barton (wife)

(b) Address Cautness, Mo.

17. (a) Burial (b) Date thereof Jan 29 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodhull Cemetery

18. (a) Signature of funeral director Alvin W. Hood

(b) Address 303 Crane St. Leadville, Mo.

19. (a) Jan 31 1944 (b) Byrdie Buhmester
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 27 year 44 hour 8 minute 37 M.

21. I hereby certify that I attended the deceased from Dec 14 1943 to Jan 1 1944
that I last saw him alive on 1-27 1944
and that death occurred on the date and hour stated above.

Immediate cause of death broncho pneumonia Duration 3rd

Due to intracranial hemorrhage
and cerebral infarction
Due to hypertension

Other conditions (Include pregnancy within 3 months of death) _____

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) (b) Means of injury _____

23. Signature W. O. Kauler (M. D. or other) _____

Address Leadville Date signed 1-29-44

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4
District File Number 244-3280
Date Filed 2-5-44

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 Alvin W Hoop

Licensed Embalmer No. 2780

P. O. Address 303 Crane St. Ft. Payne, Ala.

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.