

FILED MAY 8 1944  
Registration District No. 1944

Primary Registration District No. 3008

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

1. PLACE OF DEATH:

(a) County Butler  
(b) City or town Butler  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(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 Butler  
(c) City or town Butler, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location) 1  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME James Lee Barker

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

4. Sex MO 5. Color or race W  
6. (a) Single, widowed, married, divorced, married  
6. (b) Name of husband or wife Wynette Maude Barker  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased August 4 - 1871  
(Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 2  
If less than one day " \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Johnstown MO  
(City, town, or county) (State or foreign country)

10. Usual occupation retired banker

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Compassion Perry Barker  
13. Birthplace Logan Co. Ky.  
(City, town, or county) (State or foreign country)  
14. Maiden name Wynette Maude Hill  
15. Birthplace Henry Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant James Barker  
(b) Address Kansas City

17. (a) burial (b) Date thereof 4-8-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Wynette  
(b) Address Butler, Mo.

19. (a) 4-8-44 (b) Wynette Compton  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 6  
year 1944 hour 2 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Apr 1944 to April 1944  
that I last saw him alive on Dr. P. 44  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage. Duration \_\_\_\_\_

Due to Age

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: None  
Of operations \_\_\_\_\_

Of autopsy: None

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? Yes (Specify nature of injury) \_\_\_\_\_

23. Signature E. W. Rice (M. D. or other) \_\_\_\_\_  
Address Butler, Mo. Date signed 4/6/44

RECEIVED

District Health *CR 1007*

District File Number *4-44-599*

Date Filed *5-6-44*

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 *C. G. Lukan*

Licensed Embalmer No. *2576*

P. O. Address *Butler 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.