

FILED MAY 11 1944

Registration District No. **79**

Primary Registration District No. **4164**

Registrar's No. **49**

1. PLACE OF DEATH:

(a) County **Daviess**
(b) City or town **Altamont**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **14 Years** years, months or days)

3. (a) PRINT FULL NAME **Lillie May Barker**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Henry Barker** 6. (c) Age of husband or wife if alive **Dead** years
7. Birth date of deceased **June 8 1865**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	10	18	hr. min.

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

10. Usual occupation **At Home**

11. Industry or business

12. Name **Owen McGee**
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)
14. Maiden name **Ellen Hedger**
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Frank Barker**
(b) Address **Altamont, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **4-29-1944**
(Month) (Day) (Year)

(c) Place: burial or cremation **Creekmore Cemetery**

18. (a) Signature of funeral director **Hopa Funeral Home**
(b) Address **Gallatin, Mo.**

19. (a) **4-28-1944** (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Daviess**
(c) City or town **Altamont** (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 **()**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **26**
year **1944** hour **5** minute **10 P M.**

21. I hereby certify that I attended the deceased from _____ 1941 to **April 26th** 1944;
that I last saw h. **er** alive on **April 26th** 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death **Strangulated Umbilical hernia with gangrene of sac**
Duration **3 day**

Due to _____
Due to _____
Other conditions **Chronic Cardio renal disease 3 yrs.**
(include pregnancy within 3 months of death)
Unable to stand surgery

Major findings:
Of operations _____
Of autopsy **122 fl**
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 **Fred R. Wilson** (M. D. or other) _____
Address **Wilson, Mo.** Date signed **4/28/44**

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

MOTHER, FATHER

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 *L. O. Richesson*

Licensed Embalmer No. *33024*

P. O. Address *Gallatin, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. *May*

Registration District No. *98*

Primary Registration District No. *4164*

Registrar's No. *491*

1. PLACE OF DEATH:

(a) County *Davess*
(b) City or town *Altamont*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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)

3. (a) PRINT FULL NAME *Lella May Barker*
3. (b) If veteran, name war (c) Social Security No.

4. Sex *F* 5. Color or race *W*
6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive Year

7. Birth date of deceased *June* (Month) (Day) (Year)

8. AGE: Years *78* Months Days If less than one day min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) *L. O. Erickson* (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *April* Year *1948* Day *6* minute M.

21. I hereby certify that I attended the deceased from *9* to *19* that I last saw him alive on *19* and that death occurred on the date and hour stated above. Immediate cause of death

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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 (M. D. or other)

Address Date signed

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

SUPPLEMENTARY

14537