

S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18696

FILED JUN 12 1944
Registration District No. 226

Primary Registration District No. 5802

Registrar's No. 29

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

1. PLACE OF DEATH:

(a) County Monroe

(b) City or town Duncans Bridge Woodlaunt Top
(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 5 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe 69

(c) City or town Duncans Bridge
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Walter Anson Barton

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Margaret Ann Barton

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased: September 23rd 1871
(Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 24

If less than one day hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business Farming

12. Name Elias Barton

13. Birthplace Shelbina Mo
(City, town, or county) (State or foreign country)

14. Maiden name Mary Rowe

15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Margaret A. Barton
(b) Address Duncans Bridge Mo

17. (a) Burial (b) Date thereof 5/19/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director William R. Beckel

(b) Address Clarence Mo

19. (a) June 2 48 (b) Otto Hedberg
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17th
year 1944 hour 6 minute 40 P.M.

21. I hereby certify that I attended the deceased from May 2
1944 to May 17 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis 5 yrs
Due to prostatic obstruction 8 yrs

Other conditions Cerebral apoplexy 4 yrs
(Include pregnancy within 3 months of death)
left hemiplegia

Major findings:
Of operations _____
Of autopsy 1318

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 Stroke

23. Signature J. A. Sarlain (M.D. or other) M.D.
Address Clarence Mo Date signed May 1944

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 6-41-1150

Date Filed JUN 9 1944

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 Henry G. Burkland

Licensed Embalmer No. 3835

P. O. Address Stelbina, 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.