

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28190

State File No.

Registration District No. 184

Primary Registration District No. 4299

Registrar's No. 35

1. PLACE OF DEATH:

(a) County LINN
(b) City or town Bucklin
(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 63 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County LINN 58
(c) City or town Bucklin
(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 George N. Barron

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 Edith Barron 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Mar 7, 1881
(Month) (Day) (Year)

8. AGE: Years 63 Months 5 Days 3 If less than one day hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business

12. Name Arthur Barron
13. Birthplace Cooper Co, Mo
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Sifers
15. Birthplace Adair Co, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Edith Barron
(b) Address Bucklin Mo
17. (a) Burial (b) Date thereof Aug 12, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Boston Co

18. (a) Signature of funeral director Wayne W. Cowan
(b) Address Bucklin Mo
19. (a) Aug 12, 1944 (b) Wayne W. Cowan
(Date of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10
year 1944 hour 9 minute 20 A.M.

21. I hereby certify that I attended the deceased from 6/15/43 19____ to 8/10 1944
that I last saw him alive on 8/9 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Pancreas

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

Major findings: Of operations H68
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. L. Sear (M.D. or other) W. L. Sear
Address Bucklin Mo Date signed 8/10/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

FEB 4 1949

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. J. Larson*

Licensed Embalmer No. 4037

P. O. Address Bucklin 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.