

FILED SEP 10 1944

Registration District No. 217

Primary Registration District No. 5787

Registrar's No. 67

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

1. PLACE OF DEATH:

(a) County **Mississippi**

(b) City or town **East Prairie (Rural)**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **R#2**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **All Of Life**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Miss.**

(c) City or town **East Prairie (Rural)**
(If outside city or town limits, write "RURAL")

(d) Street No. **R#2**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Ronald Lee Barks**

MEDICAL CERTIFICATION

3. (b) If veteran, name war: **----**

3. (c) Social Security No. _____

20. DATE OF DEATH: Month **June** day **26th**
year **1944** hour **9** minute **20P** M.

4. Sex **M**

5. Color or race **White**

6. (a) Single, widowed, married, divorced. **Infant**

21. I hereby certify that I attended the deceased from **June 25** 19**44** to **June 26** 19**44**
that I last saw him alive on **June 25** 19**44**
and that death occurred on the date and hour stated above

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **August 9th 1943**
(Month) (Day) (Year)

Immediate cause of death **Gastro-Enteritis** Duration _____

8. AGE: Years **0** Months **10** Days **17**
If less than one day hr. _____ min. _____

Due to _____

Due to _____

9. Birthplace **R#2 East Prairie Mo.**
(City, town, or county) (State or foreign country)

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

10. Usual occupation **Infant**

Major findings: **119a**

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name **Henry Barks**

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

14. Maiden name **Maggie Shelton**

15. Birthplace **Piggott Ark.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Henry Barks**

(b) Address **R#2 East Prairie**

17. (a) **Burial** (b) Date thereof **6-27-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Charleston, Mo.**

18. (a) Signature of funeral director **[Signature]**

(b) Address **[Address]**

19. (a) **9/1/44** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

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 **[Signature]** (M. D. or other) _____

Address **East Prairie Mo.** Date signed **9-28-44**

RECEIVED

District Health Office No. 2,

District File Number 94-1215

Date Filed 9-8-44

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 *[Signature]*
..... Licensed Embalmer No.....

P. O. Address.....

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.