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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED OCT 10 1944

State File No.

Registration District No. 1 Primary Registration District No. 2000 Registrar's No. 786

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1934 N Washington (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 41 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield Mo (If outside city or town limits, write "RURAL")

(d) Street No. 1934 N Washington (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Francis Taylor Barton

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Unk.

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

7. Birth date of deceased July (Month) 31 (Day) 1858 (Year)

8. AGE: Years 86 Months 1 Days 25 If less than one day hr. min.

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

10. Usual occupation Retired farming

11. Industry or business

FATHER
12. Name Wm Taylor Barton
13. Birthplace Unknown (City, town, or county) Unk. (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unk. (State or foreign country)

16. (a) Informant Wm Albert Barton

(b) Address 1934 N Washington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 28 1944 (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn

18. (a) Signature of funeral director Fred C. Thieme

(b) Address 1100 Boonville St. Spfd. Mo.

19. (a) 9-28-44 (Date received local registrar) (b) Dr. W. E. Hawkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26 year 1944 hour 2 minute 40 P.M.

21. I hereby certify that I attended the deceased from Sept 1, 1944, to Sept 26, 1944 that I last saw h. 4 M alive on Sept 24, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardio-Renal-Vascular Disease	6-8 Mo
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 Spfd. Mo.

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Max Pitt (M. D. or other) MD

Address Springfield Mo Date signed 9-27-44

(Licensed Embalmer's Statement on Reverse Side)

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: Fred C. Thieme

Licensed Embalmer No. 2899.

P. O. Address Springfield, 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.