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M-2-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAY 11 1945**

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13629

Registration District No. 157

Primary Registration District No. 5684

Registrar's No. 83

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Rural - McDonald Township  
(If outside city or town limits, write "RURAL" and name of township)

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

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

In this community 2 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Rural - McDonald Township  
(If outside city or town limits, write "RURAL")

(d) Street No. Route #2, Sarcoxie  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CLAYTON STEPHENS BARKER

3. (b) If veteran, name war NONE

3. (c) Social Security No. 490-10-0692

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Fannie Butt Barker

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased November 16, 1885  
(Month) (Day) (Year)

8. AGE: Years 59 Months 4 Days 21  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Livingston County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Clayton Barker

13. Birthplace X Ill. 1  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Hulett

15. Birthplace X Ky. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fannie Barker

(b) Address Route #2, Sarcoxie, Mo.

17. (a) Burial (b) Date thereof 4-10-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Goss Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Missouri

19. (a) April 9 '45 (b) E. Elizabeth Couplin  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6,  
year 1945 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from Aug. 31, 1945 to April 4, 1945  
that I last saw him alive on April 3, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary heart disease  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Duration 2 1/2 years

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)  
Means of injury \_\_\_\_\_

23. Signature Ray E. Myers (M. D. or other) MD  
Address Joplin, Mo. Date signed 4-7-45

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

19  
00  
0

45-4-393

*Handwritten scribbles and illegible text, possibly including a name like 'Ed...' and a date '10/2/51'.*

**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 Ed [Signature]  
Licensed Embalmer No. 2222  
P. O. Address Carthage

**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.**