

FILED MAY 3 1945

Registration District No. 227

Primary Registration District No. 4339

Registrar's No. 16

1. PLACE OF DEATH:

(a) County MONROE

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

(c) Name of hospital or institution S. MAIN ST. !
(If not in hospital or institution, write street number or location)

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

In this community 24 YRS.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE

(c) City or town PARIS 69
(If outside city or town limits, write "RURAL")

(d) Street No. S. MAIN ST. 6
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME MARY ALICE BARTON

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife E. GRANVILLE BARTON alive ✓ years

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 4
year 1945 hour 8 minute 00 P.M.

21. I hereby certify that I attended the deceased from Aug 3 to Apr 4 1945

that I last saw him alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 2 1/2

Due to arterio-sclerosis 2 1/2

8. AGE: Years 86 Months 3 Days 29 If less than one day
hr. _____ min. _____

9. Birthplace MONROE CO., MO.
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

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

Major findings: Of operations Asa

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business ✓

12. Name MILAS JOHNSON

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

14. Maiden name MARY DOOLEY

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

16. (a) Informant Mrs. J. Q. Jarney

(b) Address PARIS, MO.

17. (a) BURIAL (b) Date thereof APR. 8 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WALNUT GROVE SPEED & BLAKELY

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

(b) Address Paris, Missouri

19. (a) Apr. 7 1945 (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 labor) Means of injury _____

23. Signature [Signature] (M. D. number) 417/45

Address PARIS, MO. Date signed _____

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

920

RECEIVED

District Health Officer No. 10

District File Number 5-45-729

Date Filed MAY 2 1945

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.....

.....
Licensed Embalmer No. 4225

P. O. Address.....

Paris, Missouri.

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.