S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 8 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34069

Registration District No. 171 Primary Registration District No. 4267 Registrar's No. 56

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Odessa
(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 1 Month
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54
(c) City or town Odessa 4
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Joe Hile Barker
3. (b) If veteran, name war
3. (c) Social Security No. 487-12-935
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 2. (Day) 1901 (Year)

8. AGE: Years 44 Months 6 Days 21 If less than one day hr. min.

9. Birthplace Johnson Co. (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name George W. Barker
13. Birthplace Odessa, (City, town, or county) Mo. 0 (State or foreign country)
MOTHER
14. Maiden name Molly Stapleton
15. Birthplace Scott Co. Virginia 1 (City, town, or county) (State or foreign country)
16. (a) Informant Molly Barker
(b) Address Odessa, Mo.
17. (a) Oc Burial 1945 (Burial, cremation, or removal) (b) Date thereof Oct. 26, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Com. Higginsville Mo.
18. (a) Signature of funeral director Husman-Sparks
(b) Address Odessa, Mo.
19. Oct. 31, 1945 (Date received local registrar) (b) Letta Drummond (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23rd year 1945 hour 11 minute 15 A.M.
21. I hereby certify that I attended the deceased from Oct 16, 1945 to Oct 23, 1945 that I last saw him alive on Oct 23, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver & Colon and Dropsy — Duration 3 mon

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 46

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature R. Schadly (M. D. or [illegible])
Address Odessa Mo. Date signed 10/25/45

1560

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-6-45

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 W. T. Sparks, Registered Apprentice No. 385, working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 2541

P. O. Address: Odessa, 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.