

FILED JAN 11 1946

Primary Registration District No. 3518

1. PLACE OF DEATH:

(a) County Dent
(b) City or town Salem
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Squire Barton

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Zoie Barton 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Jan 25 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 10 15 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name George W. Barton
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Reese
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. S. W. Wolf
(b) Address Salem, Missouri

17. (a) Burial (b) Date thereof 12/11/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rayfield Cemetery

18. (a) Signature of funeral director Carl E. Spencer
(b) Address Salem, Missouri

19. (a) 12-11-45 (b) J. M. Hart
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent
(c) City or town Salem
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10
year 1945 hour 2:45 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Dec 4 1945 to Dec 9 1945

that I last saw him alive on _____ 19 _____;

and that death occurred on the date and hour stated above.

Immediate cause of death Chokeley Duration _____

Due to High Blood Pressure

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy no

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? no (Specify type of place)

(e) Means of injury ✓

3. Signature J. M. Hart (M. D. or other)

Address Salem MO Date signed 12-11-45

RECEIVED

District He

District File No.

Date Filed

ficer No. 5.

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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, Wm W McDonald

Registered Apprentice No.

working under my personal supervision.

Signed

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.