

FILED JAN 11 1946 STANDARD CERTIFICATE OF DEATH

State File No. 41065

Registration District No. 100

Primary Registration District No. 3018

Registrar's No. 20

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 5 YEARS
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Zoie Barton

3. (b) If veteran, name war 505

3. (c) Social Security No. /

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Squire Barton

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

7. Birth date of deceased November 17 1888
(Month) (Day) (Year)

8. AGE:

Years 57

Months 0

Days 26

If less than one day hr. min.

9. Birthplace Dent County
(City, town, or county)

Missouri
(State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Robert F. Anderson

13. Birthplace Tenn
(City, town, or county)

(State or foreign country)

14. Maiden name Margaret Collins

15. Birthplace Tenn
(City, town, or county)

(State or foreign country)

16. (a) Informant Ada Copeland
(b) Address Salem, Missouri

17. (a) Burial (b) Date thereof 12/15/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boss Cemetery

18. (a) Signature of funeral director Carl E. Green

(b) Address Salem, Missouri

19. (a) 12-15-45 (b) M. M. Hart, Jr. D. by mail
(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? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 13
year 1945 hour 12:55 minute P M.

21. I hereby certify that I attended the deceased from 12-11-45 to 12-12-45, 1945.
that I last saw her alive on 12-12-45, 1945.
and that death occurred on the date and hour stated above.
Immediate cause of death.

Bilateral pneumonia days

Due to /
Due to /

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

Major findings: Of operations 1

Of autopsy 13K

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 /

Signature M. M. Hart (M. D. or other) MD

Address Salem, Mo Date signed 12/15/45

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

RECEIVED

District Health Officer No. 5,

District File Number

Date Filed

14684

1, 9, 46

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.

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.