S. No. 2
M—2-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

611

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 26 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2668

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 40

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: Springfield City Hospital (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 39

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

(d) Street No. 1408 W. High St. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Robert Gene Barker

3. (b) If veteran, name war None

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased February 3, 1926 (Month) (Day) (Year)

8. AGE: Years 19 Months 11 Days 10 If less than one day hr. min.

9. Birthplace Springfield (City, town, or county) Mo. (State or foreign country)

10. Usual occupation none

11. Industry or business

FATHER
12. Name Miles Joe Barker
13. Birthplace UNK. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Flossie Malone
15. Birthplace UNK. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Lola Mae Barker

(b) Address Springfield Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Cem.

18. (a) Signature of funeral director J.W. Klingner & Co.

(b) Address Springfield Mo.

19. (a) 1-14-46 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13 year 1946 hour 7 minute 22:P. M.

21. I hereby certify that I attended the deceased from Dec 15, 1945 to Jan 18, 1946 that I last saw him alive on Jan 13, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Rheumatic Heart disease (Valvular)	10 yrs.
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

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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. C. Conrad M.D. (M. D. or other)

Address 623-24 Woodruff Bldg Date signed 1-14-46

(Licensed Embalmer's Statement on Reverse Side) Spfd, Mo.

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. 3358

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.

X