No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 15 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3195

Registration District No. 185 Primary Registration District No. 4300 Registrar's No. 11

1. PLACE OF DEATH:
(a) County Linn
(b) City or town LaClede
(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 92 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Linn 58
(c) City or town LaClede 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No. 0 (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME WHARTON RECTOR BARTON
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Margaret Ellen Barton
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased February (Month) 1 (Day) 1853 (Year)

8. AGE: Years 92 Months 11 Days 1 If less than one day hr. min.

9. Birthplace LaClede (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Druggist
11. Industry or business
FATHER
12. Name Wharton Rector Barton Sr
13. Birthplace (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name Elizabeth Ann Rooker
15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs Mack Farrar
(b) Address Brookfield, Mo. R.R.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 23, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation LaClede, Mo. Cemetery
18. (a) Signature of funeral director M. G. Thomas
(b) Address LaClede, Linn Co. Mo.
19. (a) Jan 23-1946 (Date received local registrar) (b) Chris A. Martens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21
year 1946 hour minute P. M.
21. I hereby certify that I attended the deceased from
✓ 1941, to Jan. 21, 1946;
that I last saw him alive on Jan. 20, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilation of heart
Acute Myocarditis
Due to Chronic Interstitial
Due to Nephritis
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 131a

Duration

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 Daniel R. Sams (M.D. or other)
Address LaClede, Mo. Date signed 1-23-46

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(Licensed Embalmer's Statement on Reverse Side)

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

1498

BARTON

DISTRICT HEALTH OFFICE
Cameron, 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 me

Mrs Thorne, Registered Apprentice No.

working under my personal supervision.

Signed Mrs Thorne

Licensed Embalmer No. 2876

P. O. Address Lacleede, 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.