

STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAR 27 1946  
Registration District No. 330

Primary Registration District No. 11213

Registrar's No. ....

1. PLACE OF DEATH

(a) County Scott  
(b) City or town ILLMO  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Scott 100  
(c) City or town ILLMO 3  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. .... (If rural, give location) 0  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME

Jake A. Barron

(b) If veteran, name war ..... (c) Social Security No. 702-09-6086

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Marie Barron 6. (c) Age of husband or wife if alive 50 years  
7. Birth date of deceased June 20 1895  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21 year 1946 hour 10-30 minute A M.  
21. I hereby certify that I attended the deceased from Feb 11 1946 to Feb 20 1946 that I last saw him alive on Feb 20 1946 and that death occurred on the date and hour stated above.

Immediate cause of death 8 myorobases  
7 lungs  
Due to 8 pneumonia?  
Due to .....

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

Other conditions (Include pregnancy within 3 months of death) .....  
Major findings: Of operations H7d  
Of autopsy .....

8. AGE: Years Months Days If less than one day  
50 8 0 hr. min.

9. Birthplace Paragould ARK.  
(City, town, or county) (State or foreign country)

10. Usual occupation Railroad Brakeman

11. Industry or business .....

12. Name Porter F. Barron

13. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

14. Maiden name Laura Stuart

15. Birthplace ARK.  
(City, town, or county) (State or foreign country)

16. (a) Informant W. W. Barron

(b) Address ILLMO. Mo.

17. (a) Burial (b) Date thereof 2-22-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cape

18. (a) Signature of funeral director Bioplinghoff Funeral Home  
(b) Address Illmo. Mo.

19. (a) Illmo. 22-46 (b) S. J. ...  
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury 3

23. Signature S. J. ... (M. D. or other) 3  
Address Illmo. Mo. Date signed 2-22-46

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

RECEIVED

District Health Office No. 2,

District File Number 346-406

Date Filed 3-29-46

MAR 29 1946

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 Mamie Depledge

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.