S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 8 1946

State File No. 20908

Registration District No. 179 — Primary Registration District No. 5669 — Registrar's No. 35

1. PLACE OF DEATH:
(a) County: Lincoln Co.
(b) City or town: Rural (Hawk Point). (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: 1 Month. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri. (b) County: Lincoln
(c) City or town: Hawk Point (Rural) (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:

3. (a) PRINT FULL NAME: Infant Barton
3. (b) If veteran, write war:
3. (c) Social Security No.:
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: —
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: June (Month) 22 (Day) 1946 (Year)
8. AGE: Years | Months | Days | If less than one day: hr. 30 min.
9. Birthplace: Hawk Point (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: —
11. Industry or business: —

FATHER
12. Name: Lavern Barton.
13. Birthplace: Reynolds Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Mary Thompson
15. Birthplace: Marry Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Lavern Barton.
(b) Address: Hawk Point Mo.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof: June 23 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Vienna, Missouri.
18. (a) Signature of funeral director: None
(b) Address:
19. (a) June 22 1946 (Date received local registrar) (b) Mrs. Emma B. Liddle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22 year 1946 hour 2 minute P.M.
21. I hereby certify that I attended the deceased from June 22, 19 46 to June 22, 19 46 that I last saw her alive on —, 19—; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Stillborn (Premature 6½ mo.)	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 159
Of autopsy:

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: J. L. Leech (M. D. or other)
Address: Troy Date signed Jun 22/46

162 (Licensed Embalmer's Statement on Reverse Side)

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.