

5. No. 2
1-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED AUG 21 1946

STANDARD CERTIFICATE OF DEATH

26214

State File No. _____

Registration District No. 27

Primary Registration District No. 3000

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Bates

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

(c) Name of hospital or institution: Butler Memorial Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week
(Specify whether years, months or days)

In this community 1 week

3. (a) PRINT FULL NAME Artimacy Barton

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John P. Barton 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Aug 22, 1872
(Month) (Day) (Year)

8. AGE: Years 73 Months II Days IO If less than one day hr. _____ min. _____

9. Birthplace Carlinville Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation House-wife

11. Industry or business _____

MOTHER FATHER

12. Name William Marshall

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

14. Maiden name Sarah Bevins

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

16. (a) Informant John P. Barton

(b) Address Amsterdam Mo.

17. (a) Burial (b) Date thereof 8-5-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Scott Cemetery

18. (a) Signature of funeral director Archer & Mangold
Amsterdam Mo.

(b) Address _____

19. (a) Aug 8-1946 (b) Kendall Kersey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bates

(c) City or town Elkhart Twp. - R U R A L
(If outside city or town limits, write "RURAL")

(d) Street No. 7 miles east Amsterdam
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Aug day 2
year 1946 hour 3 minute _____ P. M.

21. I hereby certify that I attended the deceased from July 26
1946 to Aug. 2 1946
that I last saw her alive on Aug. 2 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Embolic Duration _____

Due to after the results of surgery

Due to removal of gallbladder

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

Major findings:
Of operations 1278

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. E. Robinson (M. D. or other) _____
Adrian, Mo. Date signed 8-5-46

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

25000

FILE NO. 71
7-46-851
Date Filed 8-20-46

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, ~~XXX~~.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed L. A. Mangabuf
Licensed Embalmer No. 3610

P. O. Address Amsterdam 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.