

FILED SEP 12 1946

Primary Registration District No. 4497

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Clarence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 61 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Elizabeth Barton

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Fe 5. Color or race w
6. (b) Name of husband or wife ELIAS T. BARTON
7. Birth date of deceased MAY 21 1865
(Month) (Day) (Year)

8. AGE: Years 86 Months 3 Days 6 If less than one day hr. min.

9. Birthplace W. Va.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name JAMES W. ROE

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

14. Maiden name MARCELIA BALL

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

16. (a) Informant Grace Barton

(b) Address Clarence

17. (a) Burial (b) Date thereof 8-31-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union - Clarence

18. (a) Signature of funeral director E. C. Hopper

(b) Address Clarence

19. (a) Sept 4-46 (b) Ruth Signer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 27 (PM)
year 1946 hour 12 minute 15 M.

21. I hereby certify that I attended the deceased from April 15, 1946, to Aug 27, 1946
that I last saw him alive on Aug 27, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis 2 yrs
Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93d

Of autopsy

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) (c) Means of injury

23. Signature O. L. Harker (M.D. or other) MD

Address Clarence Mo Date signed 1946

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

RECEIVED
District Health Officer No. 10
District File Number 9-46-1726
Data Filed SEP 11 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..... *James E. Zogger*
Licensed Embalmer No. *4261*
P. O. Address..... *Clarence, 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.