. S. No. 2
0M—5-43
ev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 18 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30656

Registration District No. 156 Primary Registration District No. 20-1 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 402 Byers
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 39 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. Ridgeway Apts., 402 Byers 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Charles H. Barton
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Teressa C. Barton
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November (Month) 14 (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
76	8	26	hr. min.

9. Birthplace Forsythe, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Insurance Broker
11. Industry or business
FATHER 12. Name Sebastian Barton
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Martha J. Crockett
15. Birthplace Missouri 0 (City, town, or county) (State or foreign country)
16. (a) Informant Teressa C. Barton
(b) Address Joplin Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-10-46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Hope Cem
18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin, Mo.
19. (a) 8-10-46 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9 year 1946 hour 6 minute 15 A.M.
21. I hereby certify that I attended the deceased from Did Not attend, 19, to, 19; that I last saw h alive on, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary	
Due to Occlusion	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

Coroner's Investigation

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) 2
While at work? (c) Means of injury
23. Signature D. W. Lindell (M. D. or other) DO
Address 214 Joplin Date signed 8/9/46

(Licensed Embalmer's Statement on Reverse Side)

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

25288

138

46-8-748

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 Orling M Sungy

Licensed Embalmer No. 3566

212 Joplin St.

P. O. Address Joplin 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.