

No. 2
M-5-43
5-17-39
I X38671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33181

State File No. _____

Registrar's No. 191

Filed **D** OCT 23 1946
Registration District No. _____

Primary Registration District No. 3049

1. PLACE OF DEATH:

(a) County Dunklin

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

(c) Name of hospital or institution: Prinell Hospital
(If not in hospital or institution, write street number or location)

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

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin

(c) City or town Madden
(If outside city or town limits, write "RURAL")

(d) Street No. Rural R-2
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Donald Ray Barker

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12
year 1946 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from 10-11 to 10-12 1946
that I last saw him alive on 10-12 1946
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: 10 11 46
(Month) (Day) (Year)

Immediate cause of death cardiac hemorrhage

Duration _____

8. AGE:	Years	Months	Days	If less than one day
	<u>-</u>	<u>-</u>	<u>1</u>	hr. _____ min. _____

Due to Trauma of lung lobar

Due to _____

9. Birthplace Kennett Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

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

MOTHER FATHER

11. Industry or business _____

12. Name Bryant Barker

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

14. Maiden name Louise Campbell

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

Major findings: _____

Of operations _____

Of autopsy 160A

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Bryant Barker

(b) Address Madden Mo R 2

17. (a) Final (b) Date thereof 10-13-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oyer Tenn

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 200

(b) Date of occurrence 200

(c) Where did injury occur? 200
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Lutz Ind Co

(b) Address Kennett Mo

19. (a) 10-12-1946 (b) Cardfisher
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury 1

23. Signature E. E. Wilson (M. D. or other) MD

Address Kennett Mo Date signed 10-12-46

(Licensed Embalmer's Statement on Reverse Side)

90

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

32009

RECEIVED

District Health Office No. 2,

District File Number 1046-1253

Date Filed 10-21-46

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, or by.....

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

Signed Walter A. Hawberis

Licensed Embalmer No. 2002

P. O. Address Kennett 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.