S. No. 2
M—2-43
. 5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 8 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34585

State File No.

Registration District No. 316 Primary Registration District No. 4462 Registrar's No. 340

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Elvins
(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 few months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Francois
(c) City or town Elvins Mo
(If outside city or town limits, write "RURAL")
(d) Street No. /
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Agnes Barton
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lonnie Barton
(c) Age of husband or wife if alive Abt. 29 years
7. Birth date of deceased Apr (Month) 6th (Day) 1920 (Year)

8. AGE: Years 26 Months 5 Days 27 If less than one day hr. min.

9. Birthplace Bunker (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Clarence Ellis
13. Birthplace Crawford Co Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Georgia Stockwell
15. Birthplace Unknown (City, town, or county) Ill! (State or foreign country)
16. (a) Informant Lonnie C. Barton
(b) Address Elvins Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-5-46 (Month) (Day) (Year)
(c) Place: burial or cremation Mitchell Cemetery
18. (a) Signature of funeral director Caldwell Bros
(b) Address Flat River Mo
19. (a) 10-28-46 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8th year 1946 hour 9:00 minute A M.
21. I hereby certify that I attended the deceased from 10-3-46, 19 to 10-3, 1946 that I last saw her alive on 10-3, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of heart
Due to —
Due to over exertions
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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 C. B. Ferrar (M. D. or other)
Address Flat River Date signed 10/25/46

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

33408

289 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Health Officer No. 4

Number 1146-28-29

11-2-46

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 W. G. Caldwell

Licensed Embalmer No. 3317

P. O. Address Flat River 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.