

S. No. 2
M-5-43
5-17-39
P I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35828

State File No. _____
Registrar's No. 94

Registration District No. 337 Primary Registration District No. 4499

1. PLACE OF DEATH:
(a) County Shelby
(b) City or town Shelbina
(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 89 yrs. (Specify whether)
years, months or days)

3. (a) PRINT FULL NAME Rosetta Barton
3. (b) If veteran, name war. --- 3. (c) Social Security No. ---
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William Taylor Barton 6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased January 7, 1857
(Month) (Day) (Year)

8. AGE: Years 89 Months 8 Days 21
If less than one day
hr. min.

9. Birthplace: Shelby County Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business _____
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)
16. (a) Informant Isaac Ainsworth

(b) Address Shelbina, Missouri
17. (a) Burial (b) Date thereof 10/1/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Shelbina, Missouri
18. (a) Signature of funeral director E. Hayes
(b) Address Shelbina, Missouri
19. (a) Oct 3-46 (b) Ruth Japer
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 9 day 28 year 1946 hour 3 minute P M.
21. I hereby certify that I attended the deceased from 9-28-46 to 9-28-46, 19____; that I last saw him alive on 9-28-46, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death Bronchial Pneumonia Duration 24 hrs.

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

Major findings:
Of operations _____
Of autopsy 107
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) Means of injury C
23. Signature A. M. Hood (M. D. or other) 10-2-46
Address Shelbina Mo. Date signed _____

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

RECEIVED
District Health Officer No. 10
District File Number 10-46-1649
Date Filed --OCT-14-1946--

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.....

Paul E. Hayes....., Registered Apprentice No. 417
working under my personal supervision.

Signed.....

E. Hayes
Licensed Embalmer No. 1437

P.O. Address Stellina, 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.