

1. PLACE OF DEATH:

(a) County my Donald
 (b) City or town Lanagan
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution ✓
(Specify whether years, months or days)
 In this community 13 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County my Donald
 (c) City or town Lanagan
(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 LEE BARRON

3. (b) If veteran, name war none
 3. (c) Social Security No. none

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Bertha Barron
 6. (c) Age of husband or wife if alive 64 years
 7. Birth date of deceased Sgt 8 1879
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
 year 1947 hour 2 minute 10 P. M.
 21. I hereby certify that I attended the deceased from 1944
 1944 to March 10 1947
 that I last saw him alive on March 10 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
 Due to arteriosclerosis
 Duration 10 yrs

8. AGE: Years 73 Months 6 Days 2
 If less than one day hr. 1 min. 1

9. Birthplace Fayetteville Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business ✓

12. Name Richard Barron
 13. Birthplace Unknown Arkansas
(City, town, or county) (State or foreign country)
 14. Maiden name Harriet Jenson
 15. Birthplace Unknown Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Bertha Barron
 (b) Address Lanagan Mo.

17. (a) Burial (b) Date thereof 3-12-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anderson, Mo.

18. (c) Signature of funeral director Jatum Funeral Home
 (b) Address Anderson, Mo.

19. (a) 4-1-47 (b) Mr. B. Bradley
(Date received local registrar) (Registrar's signature)

Other conditions BP
(Include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy _____

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) (e) Means of injury _____

23. Signature D. Fountain (M. D. or other) MD
 Address Noel Mo. Date signed March 10

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

MOTHER FATHER

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 me

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

Signed R. E. Cheatham

Licensed Embalmer No. 3813

P. O. Address Anderson, 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.