

Registration District No. **378**

Primary Registration District No. **6296**

1. PLACE OF DEATH:

(a) County **WRIGHT**

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

(c) Name of hospital or institution: **Rural**
(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) **60 yrs.**

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Wright**

(c) City or town **Wright, 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 **NORA L. BARTON**

3. (b) If veteran, name war **3. (c) Social Security** No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **27**
year **5** hour **10** minute **P.** M.

21. I hereby certify that I attended the deceased from **2/26**, 1947, to **6/27**, 1947
that I last saw her alive on **6/27**, 1947,
and that death occurred on the date and hour stated above.

4. Sex **Female** **5. Color or race** **white** **6. (a) Single, widowed, married, divorced** **widow**

6. (b) Name of husband or wife **ANDREW BARTON** **6. (c) Age of husband or wife if alive** **70** years

7. Birth date of deceased: **June 21 1874**
(Month) (Day) (Year)

Immediate cause of death: **cerebral apoplexy**

Due to _____

Due to _____

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

8. AGE:

Years	Months	Days	If less than one day
73	0	6	hr. <input checked="" type="checkbox"/> min.

9. Birthplace: **Cumberland County, Delaware**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Housekeeper**

11. Industry or business: _____

12. Name: **ZACHRAY PLUMMER**

13. Birthplace: **Indiana**
(City, town, or county) (State or foreign country)

14. Maiden name: **SALLIE FAVNGE**

15. Birthplace: **CUMBERLAND County, Del.**
(City, town, or county) (State or foreign country)

Major findings:
Of operations: **(B.P.)**

Of autopsy: _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant: **JACK BARTON**
(b) Address: **MTN. GROVE MO.**

17. (a) BURIAL (b) Date thereof: **June 29/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **WILLOW SPRINGS Cemetery**

18. (a) Signature of funeral director: **R. B. Barber**
(b) Address: **Wright, Mo**

19. (a) 7-22-47 (b) **A. C. Ames**
(Date received local registrar) (Registrar's signature)

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 **0**

23. Signature: **R. A. Ryan** (M. D. or other)
Address: **Mtn Grove Mo** Date signed: **7/2-47**

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

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 J. P. Clary, Registered Apprentice No. 453,
working under my personal supervision.

Signed

R. W. Barber

Licensed Embalmer No.

3848

P. O. Address

2014 Home, 2nd

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.