

17-39
X37823

FILED JAN 17 1948

Registration District No. 73

Primary Registration District No. 4153

Registrar's No. 110

1. PLACE OF DEATH:

(a) County De de

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

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

(d) Length of stay: In hospital or institution 6 wks.
Life Long (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County De de

(c) City or town So. Greenfield, 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 Mary Frances Barker

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 Widowed

6. (b) Name of husband or wife Joe Barker

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased Jan. 17 1856
(Month) (Day) (Year)

8. AGE: Years 91 Months 11 Days 6 If less than one day
hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Mathie Spear

13. Birthplace Ky. (State or foreign country)

14. Maiden name Alma Py Huds peth (State or foreign country)

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

16. (a) Informant Mrs. Roy Barker

(b) Address Lockwood, Mo.

17. (a) Burial (b) Date thereof Dec. 26/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation pennsboro

18. (a) Signature of funeral director W.R. Allison

(b) Address Shirland, Mo.

19. (a) 12-26-47 (b) Geo. L. Weller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23
year 1947 hour 10 minute 10 a.m.

21. I hereby certify that I attended the deceased from Nov 10 - 47 to Dec 23 - 47
that I last saw her alive on Dec 23 - 47
and that death occurred on the date and hour stated above.

Immediate cause of death Senility and from results of injury to right hip

Due to _____

Due to _____

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

Major findings: 1868
Of operations _____

Of autopsy _____

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 T.D. Combs (M. D. or other) _____

Address Poplarwood, Mo. Date signed 12-23-47

Duration _____

PHYSICIAN _____

Underline the cause to which death is attributed and be charged to the _____

ADDITIONAL INFORMATION REQUIRED

SUPPLEMENTARY INFORMATION

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

RECEIVED
District Health District No. 6,
District File Number 148-80
Date Filed JAN 14 1948

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.R. Allison
Licensed Embalmer No. 4404
P. O. Address Greenfield, 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.

Registration District No. 93 Primary Registration District No. 4 15 3

1. PLACE OF DEATH: Dade Lockwood
 (a) County
 (b) City or town
 (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
 In this community
 years, months or days

3. (a) PRINT FULL NAME Mary F. Baker
 3. (b) If veteran, name war
 3. (c) Social Security No.

4. Sex F 5. Color W race
 6. (a) Single, widowed, married, divorced wid
 6. (b) Name of husband or wife
 6. (c) Age of husband or wife if alive

7. Birth date of deceased Jan 17 1869
 (Month) (Day) (Year)

8. AGE: Years 91 Months Days
 (If less than one day) hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
 12. Name
 13. Birthplace (City, town, or county) (State or foreign country)
 14. Maiden name
 15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
 (b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
 (c) Place: burial or cremation

18. (a) Signature of funeral director
 (b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State (b) County
 (c) City or town (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 Oct Day 14 Year 1947 hour 2:30 minute 30 M.
 21. I hereby certify that I attended the deceased from 9 to 10 1947
 that I last saw him alive on 10 1947
 and that death occurred on the date and hour stated above.
 Immediate cause of death occurred Oct 14 1947
was due to fall in
her home

Due to her home
 Due to her home
 Other conditions (include pregnancy within 3 months of death)
 Major findings: 1869
 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 (M. D. or other)
 Address

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

SUPPLEMENTARY

44211