. No. 2
—1/47
6-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 3 1948
Registration District No. 37-2

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3802
Primary Registration District No. 455-2
Registrar's No. 1

1. PLACE OF DEATH:
(a) County Wright
(b) City or town Mountain Grove
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 75 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Wright
(c) City or town Mountain Grove
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME ISAAC BURNEY BARKER
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife LUCINDA COOPER BARKER
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased September 25, 1869
(Month) (Day) (Year)

8. AGE: Years 78 | Months 3 | Days 9 | If less than one day ... hr. ... min.
9. Birthplace Knox County, Tennessee
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Lumberman
11. Industry or business
MOTHER FATHER
12. Name Joel Barker
13. Birthplace Campbell County, Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Johnson
15. Birthplace Campbell County, Tenn.
(City, town, or county) (State of foreign country)
16. (a) Informant Hobart Barker
(b). Address Oakland, California
17. (a) Burial (b) Date thereof 1/9/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Vanzant, Mo. Cemetery
18. (a) Signature of funeral director Russell Barber
(b) Address Mountain Grove, Mo.
19. (a) 1-13-48 (b) C. E. Ames
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4
year 1948 hour 7:05 minute A. M.
21. I hereby certify that I attended the deceased from ... 19... to ... 19... that I last saw h... alive on ... 19... and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 (M. D. or other)
Address Date signed 1-15-1948

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 148-135
Date Filed JAN 29 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 Russell Parker

Licensed Embalmer No. 3848

P. O. Address Potter Grove, 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.