No. 300
—10-47
5-17-39
P I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 28 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3934

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 51

1. PLACE OF DEATH:

(a) County Boone

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

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

(d) Length of stay: In hospital or institution (Specify whether
In this community 14 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Columbia 2
(If outside city or town limits, write "RURAL")

(d) Street No. 2 Woodson Way 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ALVIN LESTER BARTON

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 Ruby McClure Barton

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

7. Birth date of deceased 10 - 2 - 1876
(Month) (Day) (Year)

8. AGE: Years 71 Months 4 Days 13 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Enos N. Barton
13. Birthplace (City, town, or county) New York (State or foreign country)

MOTHER
14. Maiden name Catherine Richardson
15. Birthplace (City, town, or county) New York (State or foreign country)

16. (a) Informant Richard Alan Barton
(b) Address 2 Woodson Way, Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia, Mo.

19. (a) 2-18-48 (Date received local registrar) (b) Mrs. R E Palmer (Registrar's signature) 21

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15
year 1948 hour 12 minute 30 P M.

21. I hereby certify that I attended the deceased from None
, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Occlusive coronary sclerosis with	?
Due to myocardial	
Due to Arterio-Sclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

c 94A

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?
(Specify type of place) 5
While at work? (e) Means of injury

23. Signature E. S. Beckett (M. D. or other) M.D.
Address Columbia, Mo Date signed 2/15/48

(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 9,

Date Filed 9/27/48

MAR 1 1948

MAR 2 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 Thos L Waring

Licensed Embalmer No. 4132

P. O. Address Columbia, 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.