

FILED FEB 25 1948

Registration District No. 3010

Primary Registration District No. 3010

Registrar's No. 53

16  
1  
4

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

1. PLACE OF DEATH:

(a) County. Cape Girardeau

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

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

(d) Length of stay: In hospital or institution. None  
(Specify whether all life)

In this community... years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Cape 16

(c) City or town. Cape Girardeau  
(If outside city or town limits, write "RURAL")

(d) Street No. 120 B. Hwy  
(If rural, give location)

(e) Citizen of foreign country? Yes or No  
If yes, name country

3. (a) PRINT FULL NAME Albert B. Barker

3. (b) If veteran, ✓ name war

3. (c) Social Security No. ✓

4. Sex. Male 5. Color or race. W

6. (a) Single, ~~widowed~~, married, divorced. ✓

6. (b) Name of husband or wife. Christine 6. (c) Age of husband or wife if alive. 67 years

7. Birth date of deceased. March 20 1875  
(Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 12 If less than one day hr. min.

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

10. Usual occupation. Cafe owner

11. Industry or business. Unknown

12. Name. Unknown

13. Birthplace. Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name. Unknown

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

16. (a) Informant. Mrs Christine Baile

(b) Address. Cape Girardeau

17. (a) Burial (b) Date thereof. 2-4-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Farmant

18. (a) Signature of funeral director. Jae Y. Howell

(b) Address. Copal King Mo

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20 year 1948 hour 8:30 minute P.M.

21. I hereby certify that I attended the deceased from June 1947 to Feb 20 1948 that I last saw him alive on Feb 1 1948 and that death occurred on the date and hour stated above.

Immediate cause of death. Cardiac decompensation

Due to. Hypertension

Due to. Bright's disease

Other conditions. (include pregnancy within 3 months of death)

Major findings: Of operations.

Of autopsy. 95C

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. B. M. Stevenson (M. D. or other) D.O.

Address. Third Building City Date signed Feb 27 1948

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

RECEIVED

Health Officer No. 4  
File Number 248-262  
e File 2-24-48

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. H. Estes*

Licensed Embalmer No. \_\_\_\_\_

*3568*

P. O. Address \_\_\_\_\_

*Opp. Guardian Res.*

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.