No. 2
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7-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 17 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4355

Registration District No. 82 — Primary Registration District No. 3017 — Registrar's No. 8

1. PLACE OF DEATH:

(a) County COOPER

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

(c) Name of hospital or institution: MISSOURI TRAINING SCHOOL 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 MONTHS (Specify whether years, months or days)

In this community 4 MONTHS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WEBSTER 112

(c) City or town STRAFFORD 0 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location) 1

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

If yes, name country

3. (a) PRINT FULL NAME ROLLAND BARTON

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE 1

6. (b) Name of husband or wife

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

7. Birth date of deceased DECEMBER 12 - 1932 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
15	1	6	hr. min.

9. Birthplace VENUN (City, town, or county) NEBRASKA 1 (State or foreign country)

10. Usual occupation REFORMATORY INMATE

11. Industry or business INMATE

FATHER
12. Name RAY BARTON
13. Birthplace (City, town, or county) NEBRASKA 1 (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) (State or foreign country) 9

16. (a) Informant REFORMATORY RECORDS

(b) Address BOONVILLE - MO.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 1/19/48 (Month) (Day) (Year)

(c) Place: burial or cremation MARSHFIELD - MO.

18. (a) Signature of funeral director STEGNER

(b) Address BOONVILLE - MO.

19. (a) 1-19-48 (Date received local registrar) (b) [signature] (Registrar's signature) 3X1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 18th year 1948 hour about 7 minute 00 P. M.

21. I hereby certify that I attended the deceased from ..., 19.... to ..., 19....; that I last saw h... No attendance alive on ..., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Strangulation	
Due to: External violence	
Due to	
Other conditions (Include pregnancy within 3 months of death) 168	

Major findings: Of operations

If autopsy: Death by Strangulation & Carmen Inquest 1/19/48

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) homicide 27

(b) Date of occurrence Jan 18-1948

(c) Where did injury occur? Boonville (City or town) Cooper (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Missouri Training School (Specify type of place)

While at work? (e) Means of injury Strangulation

23. Signature M L Dickerson (M. D. or other) MDO

Address Boonville Mo Date signed 1/19/48

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-12-48

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 Fred W. Harris, Registered Apprentice No. 476, working under my personal supervision.

Signed James W. Stogner

Licensed Embalmer No. 3780

P. O. Address BOONVILLE - 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.