S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 6 1948

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 5733

Registration District No. 274 Primary Registration District No. 5934 Registrar's No. 51

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Green Ridge (rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route 1, Prairie View Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) seven months
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis
(c) City or town Green Ridge (rural)
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1, Prairie View Township
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME RUTH ELIZABETH BARTON
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William Thomas Barton
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased January 7, 1874 (Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 13 If less than one day ....hr. ....min.

9. Birthplace Saline County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation housewife
11. Industry or business

MOTHER FATHER
12. Name James J. Scott
13. Birthplace unknown, Alabama (City, town, or county) (State or foreign country)
14. Maiden name Eleanor Walker
15. Birthplace unknown, unknown (City, town, or county) (State or foreign country)

16. (a) Informant Cleveland S. Barton (son)
(b) Address Route 1, Green Ridge, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/22/48 (Month) (Day) (Year)
(c) Place: burial or cremation Hickory Point
18. (a) Signature of funeral director Duane Ewing
(b) Address Sedalia, Missouri
19. (a) 2/22/48 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20 year 1948 hour 5:45 P. M.
21. I hereby certify that I attended the deceased from Feb 7, 1948 to Feb 20, 1948 that I last saw her alive on Feb 13, 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Chronic Myocardial Disease | |
| Influenza | |
| 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 H. A. Hite (M. D. or other) MD
Address Green Ridge Mo Date signed 2/21/48

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

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

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 3-5-48

NOV 23 1949

SEP 22 1948

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**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 _____ Warren K. Dietz _____ Registered Apprentice No. 70 _____, working under my personal supervision.

Signed Duane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia 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.