S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1948

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5892

Primary Registration District No. 3058

Registrar's No. 50

1. PLACE OF DEATH:

(a) County St Charles.

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

(c) Name of hospital or institution: St Joseph Hosp T
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 wks. (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Warren 109

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

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

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

If yes, name country —

3. (a) PRINT FULL NAME Willis Barton

3. (b) If veteran, name war —

3. (c) Social Security No. 499-03-6657

4. Sex M. O

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lydia Barton

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Jan (Month) 2 (Day) 1905 (Year)

8. AGE:

Years	Months	Days	If less than one day
43	1	19	hr. min.

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

10. Usual occupation Laborer.

11. Industry or business

FATHER
12. Name Wm Barton
13. Birthplace Reynolds Co (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Paula Jane Montgomery
15. Birthplace St Francis Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant Robert J Henderson.
(b) Address Wright City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/48 (Month) (Day) (Year)
(c) Place: burial or cremation Barton Cem Buck Mo

18. (a) Signature of funeral director Nieburg F&U Co
(b) Address Wright City Mo

19. (a) 2/27/48 (Date received local registrar) (b) Fannie Hamilton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 21
year 1948 hour 11 minute 50 P.M.

21. I hereby certify that I attended the deceased from 2-10, 1948, to 2-21, 1948;
that I last saw him alive on 2-21, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	10 Days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 8 3 P
Of autopsy

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)
While at work? (e) Means of injury 0

23. Signature Raymond A. Hayes (M.D. or other)
Address Wright City, Mo Date signed 2-23-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number MAR 11 1948
Date Filed

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 Julius J. Nieburg

Licensed Embalmer No. 3366

P. O. Address Wright City 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.