S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13060

FILED MAY 5 1948

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 98

49
1
3

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 216 Meridian St. / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 45 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Carthage (If outside city or town limits, write "RURAL") 1
(d) Street No. 216 Meridian St. (If rural, give location) 3
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country --------

3. (a) PRINT FULL NAME THOMAS PERRY BARKER
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 married /
6. (b) Name of husband or wife Etta V. Barker
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased April (Month) 15 (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
76	0	4	hr. min.

9. Birthplace Brown County (City, town, or county) Illinois / (State or foreign country)
10. Usual occupation retired peace officer
11. Industry or business at home
FATHER
12. Name Clayton Barker
13. Birthplace unknown (City, town, or county) unknown (State or foreign country) 9
MOTHER
14. Maiden name Mary Hewlitt
15. Birthplace unknown (City, town, or county) unknown (State or foreign country) 9
16. (a) Informant Mrs. Etta V. Barker
(b) Address 216 Meridian, Carthage, Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Apr 22, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Goss Cemetery- Phelps
18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Missouri.
19. (a) 4-22-1948 (Date received local registrar) (b) L. B. Clinton M.D. (Registrar's signature) by [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1948 hour 9 minute 15 a.m.

21. I hereby certify that I attended the deceased from Aug 16, 1944, to April 19, 1948; that I last saw him alive on April 19, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	2½ mos
Due to Hypertension	4 yrs
Due to Arteriosclerosis	—
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 [signature] (M. D. or other) M.D.
Address Carthage, Mo. Date signed 4/22/48

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

48-4-320

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 Frank W. Kuell Jr

Licensed Embalmer No. 4440

P. O. Address Carthage

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.