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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 30 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27384

Registration District No. 299 Primary Registration District No. 6025 Registrar's No. 20

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County REYNOLDS
(c) City or town BLACK 90
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME JAMES COLUMBUS BARTON

3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex MALE 0
5. Color or race W.
6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife GOLDIE BARTON
6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased DEC (Month) 15 (Day) 1884 (Year)

8. AGE: Years 64 Months 7 Days 24 If less than [illegible] day hr. min.

9. Birthplace BLACK (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation MERCHANT.

11. Industry or business

FATHER
12. Name JOHN BARTON
13. Birthplace Mo. 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name SARAH ASHER
15. Birthplace Mo 0 (City, town, or county) (State or foreign country)

16. (a) Informant HENRY BARTON
(b) Address SALEM Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation BLACK Mo

18. (a) Signature of funeral director Boyer Funeral Home
(b) Address Potosi Mo

19. (a) 8/16/48 (Date received local registrar) (b) C. M. Fitzpatrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 14 year 1948 hour 2 minute 0 P. M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Coronary Thrombosis of heart	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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

23. Signature J R Pyrtle Corner O (M. D. or other)
Address Castorville Mo Date signed 8/14/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 8-25-48
District Health Officer No. 5,
District File Number 848633
Date Filed 8-25-48

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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed C. H. Boyd

Licensed Embalmer No. 4158

P. O. Address Toto, 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.