S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 29 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29337
State File No.

Registration District No. 101 — Primary Registration District No. 4173 — Registrar's No. 44

1. PLACE OF DEATH:
(a) County: Douglas
(b) City or town: Ava
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Douglas 34
(c) City or town: Ava
(If outside city or town limits, write "RURAL")
(d) Street No. 8
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: William I. Barker
3. (b) If veteran, name war: No
3. (c) Social Security No.
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Anna Mick Barker
6. (c) Age of husband or wife if alive: 55 years
7. Birth date of deceased: March 26, 1885 (Month) (Day) (Year)
8. AGE: Years 63 Months 5 Days 10 If less than one day hr. min.
9. Birthplace: Vanzant, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Insurance Agent
11. Industry or business
FATHER 12. Name: John Henry Barker
13. Birthplace: --- Tenn. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Sarah Smith,
15. Birthplace: --- Tenn. (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. W. I. Barker
(b) Address: Ava, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Ava
18. (a) Signature of funeral director: Clinkingbeard Funeral Home
(b) Address: Ava, Missouri
19. (a) Sept. 16-48 (Date received local registrar) (b) Vestal Bushman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6 year 1948 hour 12 minute 30 P.M.
21. I hereby certify that I attended the deceased from June 6, 1948, to Sept 4, 1948, that I last saw him alive on 9-6-48, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Coronary Thrombosis	3 hr
Due to: Chronic Myocarditis	4 yr
Due to: Chronic Arteriosclerosis	6 yrs
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: 0
23. Signature: M. C. Gentry (M. D. or other)
Address: Ava Mo Date signed: 9-9-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 948-1027
Date Filed SEP 28 1948

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 C. A. Roof

Licensed Embalmer No. 3044

P. O. Address.....

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.