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MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33581**

FILED NOV 10 1948

Registration District No. **22** Primary Registration District No. **4346** Registrar's No. **29**

1. PLACE OF DEATH:

(a) County **Montgomery**

(b) City or town **Montgomery**
(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 **2 hours 45 minutes**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Montgomery**

(c) City or town **Montgomery City**
(If outside city or town limits, write "RURAL")

(d) Street No. **D**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **RONNIE LEE BARTON**

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **D**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive **45** years

7. Birth date of deceased **November 4, 1948**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 hr. 45 min.

9. Birthplace **Montgomery City Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name **LAVERN BARTON**

13. Birthplace **Reynolds County Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **MARY FRANCES THOMPSON**

15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **LAVERN BARTON**

(b) Address **Montgomery City, Missouri**

17. (a) **Burial** (b) Date thereof **Nov 5 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **VIENNA, MISSOURI**

18. (a) Signature of funeral director **Schlanke, Montgomery**

(b) Address **Montgomery City, Mo.**

19. (a) **11-6-48** (b) **W. J. ...**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **4**
year **1948** hour **10:15** minute **A.** M.

21. I hereby certify that I attended the deceased from **November 4, 1948 7:30** 19... to **10:15**, 19...
that I last saw h... alive on... and that death occurred on the date and hour stated above.

Immediate cause of death **Asphyxia Montuana**

Due to

Due to

Other conditions **H/O**
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations

Of autopsy

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? **Montgomery City Missouri**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)

(e) Means of injury **2**

23. Signature **William J. Nelson** (M. D. or other) **D.O.**

Address **Box 116 Montgomery City** Date signed **11/4/48**

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

By **Bernice Wyatt**

Missouri

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 _____
working under my personal supervision.

Registered Apprentice No. _____

Signed _____

Licensed Embalmer No. _____

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.