-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 15 1948

Registration District No. 235

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4387

State File No. 37524

Registrar's No. 45

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Alton
(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 Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 75

(c) City or town Alton, Mo. 0
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME Elmer Barton

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Male 0

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased May (Month) 20 (Day) 1885 (Year)

8. AGE:

Years	Months	Days	If less than one day
63	5	2	hr. min.

9. Birthplace Oregon County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name James Barton
13. Birthplace Oregon County (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Martelly Custer
15. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs. Annie Barton

(b) Address Alton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/24/48 (Month) (Day) (Year)

(c) Place: burial or cremation Cave Spring Cem.

18. (a) Signature of funeral director Leland Carter

(b) Address Thayer, Mo.

19. (a) 12-4-48 (Date received local registrar) (b) Mrs W C Johnson (Registrar's signature) 233

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22
year 1948 hour 12 minute 40 P. M.

21. I hereby certify that I attended the deceased from March 1940 Oct 22 1948; that I last saw him alive on Oct 1 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) 0

While at work? (e) Means of injury

23. Signature W W Cooper (M. D. or other) MD

Address Thayer Mo Date signed 11-2-48

Cooper

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 12-10-48
District Health Officer No. 5,
District File Number 12482-68
Date Filed 12-13-48

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 ..... Registered Apprentice No. ....., working under my personal supervision.

Signed Leland Carter

Licensed Embalmer No. 4516

P. O. Address Thayer 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.