

STANDARD CERTIFICATE OF DEATH

State File No. 41065

FILED JAN 11 1949
Registration District No. 277

Primary Registration District No. 4411

Registrar's No. 68

1. PLACE OF DEATH:

- (a) County Pike Co.
 (b) City or town Bowling Green
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution (Specify whether)

In this community, years, months or days

3. (a) PRINT FULL NAME Dora Elizabeth Barker3. (b) If veteran, name war 7 3. (c) Social Security No. none

5. Color or race White
 6. (a) Single, widowed, married, divorced
 6. (b) Name of husband or wife Clarence R. Barker
 6. (c) Age of husband or wife if alive 63 years
 7. Birth date of deceased Sept 18 1887
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 3 1 hr. min.9. Birthplace Pike Co. Mo.
 (City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business

12. Name John W. Tomber13. Birthplace Pike Co. Mo.
 (City, town, or county) (State or foreign country)14. Maiden name Ada South15. Birthplace Pike Co. Mo.
 (City, town, or county) (State or foreign country)16. (a) Informant Clarence R. Barker(b) Address Bowling Green Mo17. (a) Burial (b) Date thereof Dec 21 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Bowling Green Mo18. (a) Signature of funeral director Street Transferred(b) Address Bowling Green Mo19. (a) 12-27-48 (b) Bill Robinson
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Pike
 (c) City or town Bowling Green
 (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19th
 year 1948 hour 6 minute 30 M.21. I hereby certify that I attended the deceased from Dec 21st 1948 to Dec 19th 1948
 that I last saw him alive on Dec 19th 1948
 and that death occurred on the date and hour stated above.Immediate cause of death Chronic interstitial nephritis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Pathological gall bladder

Of operations

Of autopsy 1310

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 James E. Barker, M.D. (M. D. or other)Address Bowling Green, Mo. Date signed 12/20/48

RECEIVED

District Health Officer No. 10

District File Number 1-48-61

Date Filed JAN 10 1949

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

Harold E. K. K. K.

Licensed Embalmer No. 4597

P. O. Address Bowling Green, 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.