

Registration District No. 347

Primary Registration District No. 5490

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County Henry  
(b) City or town Mill Creek  
(c) Name of hospital or institution:  
(If outside city or town limits, write "RURAL" and name of township)  
(If not in hospital or institution, write street number or location) 2  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or (yr)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Henry  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINTED FULL NAME Girth Alexander Barker  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 10 day 12  
year 1940 hour 1 minute 30 A.M.  
21. I hereby certify that I attended the deceased from 8-8, 1940 to 10-12, 1940  
that I last saw him alive on 10-10, 1940  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Lara Barker 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Nov 10 1881  
(Month) (Day) (Year)

Immediate cause of death Uremia Duration 2 days  
Due to Lipoid Nephrosis 2 Month  
Due to Chr Hypertension 6 weeks

8. AGE: Years \_\_\_\_\_ Months 11 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace Delaware Co Mo  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
1377  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation farmer  
11. Industry or business \_\_\_\_\_  
12. Name Burl Alexander Barker  
13. Birthplace Virginia  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

MOTHER FATHER  
14. Maiden name E. Laine Stettin  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
16. (a) Informant's own signature Mrs Lara Barker  
(b) Address Barker & Son  
17. (a) \_\_\_\_\_ (b) Date there Oct 14 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Englewood  
18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address 312  
19. (a) Nov 2 1940 (b) Dr. J. R. Amistter  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature Georged Heibel (M. D. or other) MD  
Address Clinton Mo Date signed 10-14-40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 7,

District File Number 11-40-1647

Date Recd. 11-14-40

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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 R. P. Kennedy

Licensed Embalmer No. 3099

P. O. Address Clinton Wis.

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, above space should be left blank.