

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25611**
Registrar's No. **149**

Registration District No. **137**

Primary Registration District No. **3023**

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

1. PLACE OF DEATH
(a) County **Henry**
(b) City or town **Clinton**
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution...
In this community **all life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Herbert Clay Barter**
3. (b) If veteran, name war... 3. (c) Social Security No. **490-05-9273**

4. Sex **M** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Audrey** 6. (c) Age of husband or wife if alive **35** years
7. Birth date of deceased **June 29 1901**
(Month) (Day) (Year)

8. AGE: Years **42** Months **0** Days **24** If less than one day hr. min.

9. Birthplace **Henry Co Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **welder**

11. Industry or business **shop work**

12. Name **Len Barter**

13. Birthplace **Jell 1**
(City, town, or county) (State or foreign country)

14. Maiden name **Bessie Church**

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

16. (a) Informant **Mrs Herbert Barter**
(b) Address **Clinton Mo**

17. (a) **Burial** (b) Date thereof **July 24 43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Englewood**

18. (a) Signature of funeral director **Charles Speck**
(b) Address **Clinton Mo**

19. (a) **July 24 1943** (b) **Georgia Kitcher**
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **49**
(a) State **Mo** (b) County **Henry**
(c) City or town **Clinton Mo**
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) **No**
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **22** year **1943** hour **13** minute **P.** M.

21. I hereby certify that I attended the deceased from **19** to **19** that I last saw him on **19** and that death occurred on the date and hour stated above.

Immediate cause of death **Called as coroner, deceased lost control of his motorcycle and crashed into a car due to breaking his neck causing immediate death.**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **1700-6 n/v**
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) **accident**
(b) Date of occurrence **July 22, 1943**
(c) Where did injury occur? **Clinton Henry Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Public place 400 So. 2nd St.**
(Specify type of place) (e) Means of injury **motorcycle**
23. Signature **Dr. R. S. Hall** Address **Clinton Mo** Date signed **7/22/43**

MAR 2 1945

MAR 3 1945

District Health Officer No. 7
District File Number 7-43-792
Date Filed 8-6-43

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 *J.E. Consalus*
Licensed Embalmer No. *1891*
P. O. Address *Chilton*

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.