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WASH PLAINLY - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

ED OCT 7 1943 / 37
Registration District No.

Primary Registration District No. 4214

State File No. _____
Registrar's No. 183

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Deepwater
(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. 1
(Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 042
(c) City or town Deepwater
(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 _____

3. (a) PRINT FULL NAME Mildred Alice Barker

3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Oct 12 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>11</u>	<u>3</u>	hr. _____ min.

9. Birthplace Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

FATHER { 12. Name John Addison
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
MOTHER { 14. Maiden name Unknown
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs W.C. Killman

(b) Address Deepwater, Mo.

17. (a) Burial (b) Date thereof 9-17-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stone Chapel Cem

18. (a) Signature of funeral director Tam [unclear]

(b) Address Deepwater, Mo.

19. (a) Sept 16, 1943 (b) Georgia Richey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 - 16 day
year 1943 hour 11:30 minute 0 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic
Emphysema

Due to Infirmitly of age
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature J. F. Russell (M. D. or other)
Address Deepwater, Mo. Date signed 9/16/43

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

1069

RECEIVED

District Health Officer No. 7,

District File Number 9-43-1002

Date Filed 10-7-43

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 Tom Hunt

Licensed Embalmer No. 2782

P. O. Address Deepwater

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.

Registration District No. 137

Primary Registration District No. 4214

Registrar's No. 183

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Deepwater
(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 years, months or days)

3. (a) PRINT FULL NAME Maudie Alice Barker

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 12 1904
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days _____ If less than one day _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive C. of heart pressure

Due to Infirmities of age

Due to _____

Other conditions (Include pregnancy within 3 months of death) 108

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. Russell (M. D. or other)

Address Deepwater Date signed 10/14

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

SUPPLEMENTARY

PHYSICIAN
Underline the cause to which death should be charged statistically.

31716