

LED NOV 6 1943

Registration District No. 137

Primary Registration District No. 5510

1. PLACE OF DEATH:

(a) County HENRY
(b) City or town Deepwater - Mo. R.F.D.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Fairview Imp.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County HENRY
(c) City or town Deepwater Mo. R.F.D.
(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 Bertha Edna Barker

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Robert Lee Barker 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Dec 27 = 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 9 26 hr. _____ min.

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

10. Usual occupation House Keeper

11. Industry or business _____
MOTHER FATHER { 12. Name Benjamin Hayse
13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace _____ 9
(City, town, or county) (State or foreign country)

16. (a) Informant Robert F Barker

(b) Address Clinton Mo R.F.D. 46

17. (a) Burial (b) Date thereof 10-5-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deepwater Cemetery

18. (a) Signature of funeral director Tom Hunt
(b) Address Deepwater, Mo.

19. (a) October 4 1943 Georgia Kitchen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3
year 43 hour 2 A.M. minute _____ M.

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

Immediate cause of death Dead upon arrival

Due to _____
Due to _____

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

Major findings: Of operations _____
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) _____
(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 Dr. C. L. Townsend (M. D. or other) _____
Address Deepwater Mo Date signed 10-3-43

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

NOV 9 1948

RECEIVED

District Health Officer No. 7,

District File Number

10-43-1058

Date Filed

11-5-43

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 Hurst*

Licensed Embalmer No. 2782

P. O. Address *Deepwater, 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.

W.M.O.D.