

FILED OCT 23 1943 / 37

Registration District No. ....

Primary Registration District No. 3023

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Clinton  
(c) Name of hospital or institution: community clinic  
(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.  
(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: Robert Lee Barker

3. (b) If veteran, name war NONE 3. (c) Social Security No. 489-16-4326

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Bertha Edna Barker 6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased Sept 3 1876  
(Month) (Day) (Year)

8. AGE: Years 67 Months 0 Days 28 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Francis Marion Barker  
13. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)  
14. Maiden name Melvena Jane Knowlton  
15. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)

16. (a) Informant Robert L. Barker  
(b) Address Clinton Missouri, R.F.D. #6  
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. October 4, 1943 (b) Georgia Kitchen  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3 year 1943 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 3 to Oct 3 1943 that I last saw him alive on Oct 3 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Skull fracture & Cerebral hemorrhage

Due to Car accident

Due to .....

Other conditions (Include pregnancy within 3 months of death) 170C-8

Major findings: Of operations 22  
Of autopsy .....

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident (Car)  
(b) Date of occurrence Oct 3, 1943 8:45  
(c) Where did injury occur? Deepwater, Henry, Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Highway

While at work? No (Specify type of place) (e) Means of injury Skull fracture

23. Signature Eugene H. ... (M.D. or other) MD  
Address Clinton Date signed 2/4

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

OCT 25 1943

NOV 1 1943

RECEIVED

District Health Office No. 7,

District File Number 9-43-1051

Date Filed 10-22-43

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 *John H. [unclear]*

Licensed Embalmer No. 2782

P. O. Address *Duquoin, 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.