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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42253

FILED JAN 5 1946

Registration District No. 299 Primary Registration District No. 6027 Registrar's No.

1. PLACE OF DEATH:

(a) County Reynolds
(b) City or town Reynolds
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Johnson res
(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 Reynolds
(c) City or town Reynolds
(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

3. (a) PRINT FULL NAME John F Barton
3. (b) If veteran, name war None
3. (c) Social Security No. 796-918

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Anna Bell 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Dec (Month) 24 (Day) 1871 (Year)

8. AGE: Years	Months	Days	If less than one day
73	11	4	hr. — min.

9. Birthplace Reynolds Co Mo (City, town or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business

FATHER
12. Name John Barton
13. Birthplace West Fork Mo. (City, town or county) (State or foreign country)

MOTHER
14. Maiden name Polly Barton
15. Birthplace West Fork Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Sam Barton
(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-1-1945 (Month) (Day) (Year)
(c) Place: burial or cremation 1/4 mi So of Reynolds
18. (a) Signature of funeral director None
(b) Address

19. (a) 12/1 -45 (Date received local registrar) (b) C. M. Fitzpatrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30th
year 1945 hour 5 minute 15 A M.
21. I hereby certify that I attended the deceased from 11/27, 1945 to 11/30/45, 1945;
that I last saw him alive on 11/27/45, 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemmorhage	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature G. M. Fitzpatrick (M. D. or other) M D
Address Lesterville Mo Date signed 11/30/45

1517

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5
District File Number 12-45-453
Date Filed 12-29-45

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 Flo Collins, a licensed embalmer, Registered Apprentice No. ....., working under my personal supervision.

Signed Ann C. Barton

Licensed Embalmer No. .....

P. O. Address .....

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.