

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **11313**
Registrar's No. _____

Registration District No. **411**

Primary Registration District No. **2002**

1. PLACE OF DEATH:

(a) County **JASPER**
(b) City or town **JOPLIN**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **ST. JOHNS HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **11 DAYS**
In this community **SAME** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **MARGARET BARKER**

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

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

7. Birth date of deceased **FEB 26 - 1940**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 11 4 hr. 4 min.

9. Birthplace **JASPER CO MO ()**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name **EARL BARKER**

13. Birthplace **BEVIER OKLA.**
(City, town, or county) (State or foreign country)

14. Maiden name **RUBY I. WYRICK**

15. Birthplace **HEYTON OKLAHOMA**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mrs. Ollis Barker**

(b) Address **Joplin, MO. RR**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **3-9-40**
(Month) (Day) (Year)

(c) Place: burial or cremation **FOREST PARK CE.**

18. (a) Signature of funeral director **Wm. K. ...**

(b) Address **Joplin, MO. 372**

19. (a) **3-9-40** (Date received local registrar) (b) **Ed ...** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **JASPER**
(c) City or town **JOPLIN - 123 Ozark**
(If outside city or town limits, write "RURAL")
(d) Street No. **JOPLIN**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **8**
year **1940** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **Mar 2**, 19**40**, to **Mar 8**, 19**40**, that I last saw her alive on **Mar 8**, 19**40**, and that death occurred on the date and hour stated above.

Immediate cause of death **Spina Bifida**

Due to _____

Due to **1940**

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

Major findings: **Meningocele**
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 **Dr. Wilbur** (M. D. or other) _____

Address **Joplin MO** Date signed **3-8-40**

Physician
Underline the cause to which death should be charged statistically

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District Health Officer 440-1033

Date Filed APR 10 1940

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.....

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, above space should be left blank.