

DEC 16 1940

Registration District No. 477

Primary Registration District No. 4290

Registrar's No. 69

1. PLACE OF DEATH:

(a) County lewis  
 (b) City or town Lewistown  
 (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 2  
 (Specify whether  
 In this community About 52 yrs.  
 years, months or days)

3. (a) PRINT FULL NAME George W. Barker

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ida Barker 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased March 13 1869  
 (Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days 9 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Brown County Illinois  
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Hiram E. Barker

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

14. Maiden name Hannah L. Lear

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

16. (a) Informant's own signature Wm. George W. Barker

(b) Address Lewistown, Missouri

17. (a) Burial (b) Date thereof 11/24/40  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lewistown, Missouri

18. (a) Signature of funeral director James A. Loder

(b) Address Lewistown, Missouri

19. (a) Nov. 13, 1940 (b) J. W. Jennings, M.D.  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis  
 (c) City or town Lewistown 1  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. R. F. D.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22  
 year 1940 hour 6 minute 0 A. M.

21. I hereby certify that I attended the deceased from July 28, 1940, to November 22, 1940  
 that I last saw him alive on November 22, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Duration 20 min

Due to High blood pressure

Due to Bladder irritation and sluggish kidneys

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

Major findings: No operation  
 Of operations

Of autopsy No 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 Harry P. ... (M. D. or other) D.O.

Address Lewistown, Missouri Date signed Nov. 22

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

RECEIVED

District Health Officer No. 70

District File Number 12-40-2300

Date Filed DEC 13 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 James A. Coder

Licensed Embalmer No. 2537

P. O. Address Lewistown Pa

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.