

OLD MAR 19 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7583
Do not use this space.

1. PLACE OF DEATH

(a) County MARIAN Registration District No. 547
 (b) Township MARION Primary Registration District No. 3029 Registered No. 6200
 or City HANNIBAL (c) Street No. St. Elizabeth Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. 0 How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Louis Barker

(a) Residence, No. 417 Rock St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF MATTIE BARKER
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG 9, 1867
 7. AGE YEARS 73 MONTHS 6 DAYS 7 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. C. B. Foreman
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16, 1941
 22. I HEREBY CERTIFY, That I attended deceased from Oct, 1940, to Feb 16, 1941
 I last saw him alive on Feb 16, 1941. Death is said to have occurred on the date stated above, at 1:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Co of Gall Bladder
Chc Myocarditis
 Date of onset 468

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon Mo.

FATHER 13. NAME Sylvester Barker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Elizabeth Lewis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Mrs Mattie Barker Hannibal Mo

18. BURIAL, CREMATION, OR REPOSE PLACE McChesnut Cemetery 2-18-1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) James O'Connell Hannibal Mo

20. FILED Feb. 21, 1941 H. C. Fisher Local Registrar

Other contributory causes of importance:
Chc Myocarditis

Name of operation none Date of

What test confirmed diagnosis? clin Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. H. Reichman M. D.
 (Address) 1001 Brady Hannibal Mo

WHILE IN PRINT, WITH UNFADING INK--THIS IS 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.

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 Harold O'Donnell

Licensed Embalmer No. 3889

P. O. Address Hannibal 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, above space should be left blank.