V. S. No. 2
0M—9-4-41
lev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6881

Registration District No. FILED MAR 5 1942

Primary Registration District No. 5561

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 517 Kentucky
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. 517 Kentucky 5
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ollie Barker

3. (b) If veteran, name war World War #1

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Blk

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife

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

7. Birth date of deceased September 23, 1896
(Month) (Day) (Year)

8. AGE: Years 45 | Months 4 | Days 25 | If less than one day hr. min.

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

10. Usual occupation retired

11. Industry or business

FATHER
12. Name Grant Barker
13. Birthplace Newtonia (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Ella Stone
15. Birthplace Neosho (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Susan Ferris
(b) Address Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/21/42 (Month) (Day) (Year)
(c) Place: burial or cremation Parkway Cemetery

18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin, Mo.

19. (a) 2-19-42 (Date received local registrar) (b) Gertrude Sudhoeller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 18
year 1942 hour 3 minute 25 P.M.

21. I hereby certify that I attended the deceased from Jan. 9, 1942, 19 to Feb. 18, 1942, 19
that I last saw him alive on Feb. 13, 1942, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Acute bronchopneumonia. (Influenzal)

Due to Influenza.

Due to Dissipation. Alcoholism.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

107

Duration

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 D B Chapman (M. D. or other) M. D.

Address Joplin, Missouri. 2/18/42 Date signed

1180

(Licensed Embalmer's Statement on Reverse Side)

42-1-115

MAR 2 1942

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 Perry K. Hurlbut

Licensed Embalmer No. 959

P. O. Address Joplin 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.