

FILED AUG 1 1942
Registration District No. 7428

Primary Registration District No. 5782

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Reynolds
(b) City or town RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 207th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community LIFE
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Reynolds
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

8. (a) PRINT FULL NAME CATHOLINE BARKER

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

4. Sex A / race W 5. Color or _____
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JOHN BARKER 6. (c) Age of husband or wife if alive 20 years
7. Birth date of deceased FEB 14 - 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 4 10 hr. _____ min.

9. Birthplace SHANNAN Co. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Lew Pritchett
13. Birthplace NO. CAROLINA
(City, town, or county) (State or foreign country)
14. Maiden name EMILINE JORDAN
15. Birthplace Reynolds Co. MO.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Barker

(b) Address Callington Mo.

17. (a) Burial (b) Date thereof 6-26-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Callington Mo.

18. (a) Signature of funeral director Jessie T. Jones

(b) Address Callington Mo.

19. (a) 7/6 1942 (b) Jessie T. Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 24
year 1942 hour 4 minute 50 P.M.

21. I hereby certify that I attended the deceased from June 23
1942 to June 24, 1942

that I last saw her alive on June 24, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Angina
Pectoris

Due to _____

Due to _____

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

Major findings: _____
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 A. F. Bury (M. D. or other) _____

Address Callington, Mo. Date signed 6-24

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

WHITE PAINLY—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.

1 X 1931

RECEIVED

District Health Officer No. 5,

District File Number. 772442-

Date Filed 5. 28. 42,

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 6-25-4

....., Registered Apprentice No.....
working under my personal supervision.

Signed Philip A. Leuchel
Licensed Embalmer No. 2936
P. O. Address Van Buren St

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.