

FILED OCT 6 1942

Registration District No. 780

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Pine Crest Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4802 Northland
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20
year 1942 hour 2.03 minute a M.

21. I hereby certify that I attended the deceased from Sept 14th 1942 to Sept 20th 1942
that I last saw him alive on Sept 19th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Myocarditis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature R. M. Jansen (M. D. or other) _____

Address Manchester, Mo. Date signed 9/24/42

3. (a) PRINT FULL NAME

John H. Barton

3. (b) If veteran,

name war None

3. (c) Social Security

No. None

4. Sex

Male

5. Color or

race White

6. (a) Single, widowed, married,

1 divorced Married

6. (b) Name of husband or wife

Elizabeth Frances

6. (c) Age of husband or wife if

alive 72 years

7. Birth date of deceased

April

19

1868

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

74

5

1

hr.

min.

9. Birthplace

(City, town, or county)

Kentucky

(State or foreign country)

10. Usual occupation

Retired Diamond Driller

11. Industry or business

Lead Mining

12. Name

John F. Barton

13. Birthplace

(City, town, or county)

Mississippi

(State or foreign country)

14. Maiden name

Mary Underwood

15. Birthplace

(City, town, or county)

Tennessee

(State or foreign country)

16. (a) Informant

Wm. H. Almstedt

(b) Address

4803 Labadie

17. (a)

Burial

(Burial, cremation, or removal)

(b) Date thereof

Sept 22-42

(Month) (Day) (Year)

(c) Place: burial or cremation

Mt. Lebanon

18. (a) Signature of funeral director

A. Monard Co.

(b) Address

2707 N. Grand Blvd.

19. (a)

SEP 21 1942

(Date received local registrar)

(b)

C. J. McFarland

(Registrar's signature)

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

MOTHER-FATHER

96
0
0

800
17
7

1

93d

707

9/24/42

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

Signed *Frank A. Moore*
Licensed Embalmer No. *3041*
P. O. Address *2117 E. Grand*

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.