

No. 2
-2-43
-17-30
X3561

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32423

State File No. _____

FILED OCT 8 1943 16

Registration District No. _____

Primary Registration District No. 6074

Registrar's No. 27

1. PLACE OF DEATH:

(a) County ST FRANCIS

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

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

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

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST FRANCIS

(c) City or town LEAD WOOD MO
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME RANDAL RAY BARTON

3. (b) If veteran, name war _____

3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race W

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 MAY 12 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

3 29 _____ hr. _____ min.

9. Birthplace LEAD WOOD MO
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business _____

12. Name RADIS BARTON

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

14. Maiden name ANNE MARIE GLORE

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

16. (a) Informant RADIS BARTON

(b) Address LEAD WOOD

17. (a) LEAD WOOD (b) Date thereof SEPT 13 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LEAD WOOD MO

18. (a) Signature of funeral director Bert L. Boyer

(b) Address Leadwood Mo.

19. (a) Sept-16-1943 (b) Burdie Burkhardt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11 year 43 hour 1:30 minute P.M.

21. I hereby certify that I attended the deceased from Sept 11, 1943, to Sept 11, 1943 that I last saw him alive on Sept 11, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Causes Undetermined

Due to _____

Due to _____

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

Major findings: Of operations _____

Of 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 John W. Hunt (M. D. or other) MO

Address Leadwood Mo Date signed 9/13/43

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

MOTHER FATHER

1196

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1043-2

Date Filed 10-5-43

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 Bert L. Boyer

Licensed Embalmer No. 3445

P. O. Address Leadwood m

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Oct.

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF BIRTH:

(a) County St. Francois

(b) City or town Leadwood
(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 _____ (Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Randal R. Barton

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

4. Sex m 5. Color or race w

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

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

7. Birth date of deceased May 12 - 1943
(Month) (Day) (Year)

8. AGE: Years _____ Months 3 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to course undetermined

Due to probable starvation

Due to unresolved feeding problem

Due to premature birth

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 John W. Hunt (M. D. or other) M.D.
Address Leadwood Mo Date signed 10/15/43

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

SUPPLEMENTAL

MOTHER FATHER

Duration ? ?

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

32423