

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

1. PLACE OF DEATH:  
 (a) County **GREENE**  
 (b) City or town **BRIDGEFIELD N. Campbell Twp**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**Route 6 1**  
(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)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **MO.** (b) County **GREENE 39**  
 (c) City or town **BRIDGEFIELD N. Campbell Twp**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **R. F. D. # 6**  
(If rural, give location)  
 (e) Citizen of foreign country? **NO** (Yes or No)  
 If yes, name country.....

3. (a) PRINT **SUSAN ARMINDA BARKER**  
 FULL NAME  
 (b) If veteran, name war **NONE**  
 (c) Social Security No. **NONE**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **Aug.** day **28**  
 year **1945** hour **2** minute **20 A.M.**  
 21. I hereby certify that I attended the deceased from **8/15 4:30**  
 to **8/28 4:30**  
 that I last saw **alive on 8/16**  
 and that death occurred on the date and hour stated above.

4. Sex **FEMALE** 5. Color or race **WHITE**  
 6. (a) Single, widowed, married, divorced **WIDOW**  
 (b) Name of husband or wife **Wm. A. BARKER**  
 (c) Age of husband or wife if alive **Dec.** years  
 7. Birth date of deceased **April 14, 1862**  
(Month) (Day) (Year)

Immediate cause of death  
**Cancer of liver**  
 Due to **Spasmodic**  
 Due to **Hypertension**  
 Other conditions **Heart Lesion**  
(Include pregnancy within 3 months of death)

8. AGE: Years **83** Months **4** Days **14**  
 If less than one day hr. min.  
 9. Birthplace **Mercer Co. MO.**  
(City, town, or county) (State or foreign country)

Major findings:  
 Of operations **✓**  
 Of autopsy **✓**  
 Duration  
 Underline the cause to which death should be charged statistically.

MOTHER FATHER }  
 10. Usual occupation **Housewife**  
 11. Industry or business **at Home**  
 12. Name **James C. Agee**  
 13. Birthplace **UNK. Unknown**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Jane Lambeth**  
 15. Birthplace **UNK. Unknown**  
(City, town, or county) (State or foreign country)  
 16. (a) Informant **Mrs. Lloyd George**  
 (b) Address **SPRINGFIELD (R# 6) MO.**  
 (c) Place: burial or cremation **Hazelwood Cem.**  
 (d) Date thereof **Aug 29 1945**  
(Month) (Day) (Year)  
 (e) Signature of funeral director **J. W. Klingner & Co.**  
 (f) Address **SPRINGFIELD MO.**  
 (g) Date received local registrar **8-28-45**  
 (h) Registrar's signature **W. W. Handley**

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 **J. F. Freeman** (M. D. or other) **8/28/45**  
 Address **Springfield MO** Date signed

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**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.....

Licensed Embalmer No. *49718*

P. O. Address *Springfield*

**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.