

FILED MAR 7 1944

Primary Registration District No. 5387

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

1. PLACE OF DEATH:

(a) County Dent
(b) City or town Osage Hill
(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 Most life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent
(c) City or town rural
(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 _____

3. (a) PRINT FULL NAME Rohad Barton

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

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, 2 divorced widowed
6. (b) Name of husband or wife Sarah Montgomery 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased Dec 22 1852
(Month) (Day) (Year)

8. AGE: Years 92 Months 1 Days 22 If less than one day hr. _____ min. _____

9. Birthplace Reynolds Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business X

MOTHER FATHER { 12. Name George Barton
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 Laura Parrick
(b) Address Elvins Mo

17. (a) burial (b) Date thereof 2/16/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barton Cem

18. (a) Signature of funeral director J. Pauld

(b) Address Saline Mo

19. (a) 2-16-44 (b) Jos. W. M. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14
year 1944 hour 6 minute A M.

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

Immediate cause of death Cardiovascular Disease Duration 6 mo

Due to Influenza H. W. [Signature]

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations no 131a 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 J. W. [Signature] (M. D. or other) _____

Address Saline Date signed 2-16-44

1177

NOV 22 1945

RECEIVED

District Health Officer No. 5,

District File Number 394189

Date Filed 3-6-44

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 Carl K. Spurr
Licensed Embalmer No. 9370
P. O. Address Palmer 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.