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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 9 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4146

Registration District No. 316 — Primary Registration District No. 305a — Registrar's No. 144

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Bonne Terre, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bonne Terre Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 97
(a) State Missouri (b) County St. Francois
(c) City or town Caledonia, Mo. 0
(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 0

3. (a) PRINT FULL NAME Mr. Emmett Mayhew Barton
3. (b) If veteran, name war
3. (c) Social Security No. 493-03-9847

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Ida Barton
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased July (Month) 7 (Day) 1886 (Year)

8. AGE: Years 57 | Months 6 | Days 19 | If less than one day ____ hr. ____ min.

9. Birthplace Bonne Terre, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation
11. Industry or business St. Joe Lead Co.

MOTHER
12. Name Mrs. Willis Gretchen Barton
13. Birthplace Mississippi Co. MO 0 (City, town, or county) (State or foreign country)

FATHER
14. Maiden name Mary David
15. Birthplace St. Genevieve Co. MO. 0 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ida Barton (wife)
(b) Address Caledonia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 29-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cemetery
18. (a) Signature of funeral director Alvin W. Hoff
(b) Address 303 Cramer St. Bonne Terre, Mo.
19. (a) Jan. 31-1944 (Date received local registrar) (b) Lydia Schumacher (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 8 year 44 hour 5 P minute ____ M.
21. I hereby certify that I attended the deceased from Dec 14, 1943 to Jan 1, 1944 that I last saw her alive on 1-27, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Broncho-pneumonia — Duration 5d
Due to: Subtentorial Hemorrhage
Due to: Hypertension

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

23. Signature [illegible] (M. D. or other)
Address [illegible] Date signed 1-29-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 244-3280

Date Filed 2-5-44

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 Alvin W Hood

Licensed Embalmer No. 2780

P. O. Address 303 Crane St. Flat River, 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.