

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED MAR 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12105

State File No.

Registration District No. 334Primary Registration District No. 6178

Registrar's No.

1. PLACE OF DEATH

(a) County Shannon
(b) City or town Quinn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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)

3. (a) PRINT FULL NAME

Robert Earl Barker

3. (b) If veteran, _____

name war _____

3. (c) Social Security

No. _____

4. Sex MO 5. Color or race A 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Nora E. Barker 6. (c) Age of husband or wife if alive 62 years7. Birth date of deceased Sept 20 - 1878
(Month) (Day) (Year)8. AGE: Years 68 Months 5 Days 1 If less than one day _____ hr. _____ min.9. Birthplace Sto Sto Mo
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business _____

12. Name Earl Barker 913. Birthplace Quinn
(City, town, or county) (State or foreign country)14. Maiden name Frances Quinn15. Birthplace Mo
(City, town, or county) (State or foreign country)16. (a) Informant Mr. Barker(b) Address Quinn Mo17. (a) _____ (b) Date thereof Feb 27 1947
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Quinn County

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 3-1-47 (b) Maebel Roen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shannon 101
(c) City or town Quinn 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21
year 1947 hour 12 minute 15 M.21. I hereby certify that I attended the deceased from Feb 21 - 1947
to Feb 21 - 1947, to Feb 21 - 1947,
that I last saw him alive on Feb 20 - 1947,
and that death occurred on the date and hour stated above.Immediate cause of death Progressive paralysis
Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations g

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 023. Signature Frank Boyd (M. D. or other) _____Address Quinn Date signed 2-21-47

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

MOTHER FATHER

306

(Licensed Embalmer's Statement on Reverse Side)

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.....

P. O. Address.....

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.