

REC'D OCT 24 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32573
Do not use this space.

1. PLACE OF DEATH
(a) County c Lafayette Registration District No. 460
(b) Township Davis Primary Registration District No. 4274
(c) City Higginville Mo. (d) Street No. 51
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Ellie Mason Barnett 650
(a) Residence, No. 650 St. □ (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert A. Barnett
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-3-1857
7. AGE YEARS 81 MONTHS ✓ DAYS 19 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. housekeeper
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Higginville, Mo. (STATE OR COUNTRY) 0

FATHER 13. NAME Fath Seth Mason 1
14. BIRTHPLACE (CITY OR TOWN) Warrencounty, Va. 1 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Amelia Earl
16. BIRTHPLACE (CITY OR TOWN) Warren County, Va. (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Ellie Ryland
Higginville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Higginville DATE 9-24-1938

19. FUNERAL DIRECTOR (NAME) Walter M. Mearns
(ADDRESS) Higginville, Mo.

20. FILED Oct 2 1938 W. H. Webb Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-22-1938 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1938, to Sept 22, 1938
I last saw her alive on Sept 22, 1938. Death is said to have occurred on the date stated above, at 6:15 P.M.
The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis? Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Phos. B. Darnell, M. D.
(Address) Higginville, Mo. 413

Exact statement of OCCUPATION is very important. Do not leave blank, so that it may be properly classified.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8/5/38

STATEMENT BY LICENSED EMBALMER

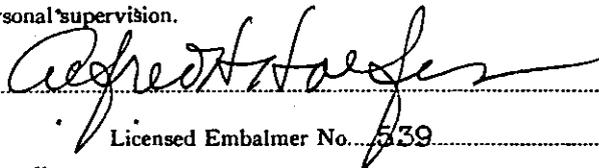
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Alfred H. Hoefler

or by

Registered Apprentice No. working under my personal supervision.

Signed



Licensed Embalmer No. 539

P. O. Address Higginsville, 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, above space should be left blank.