

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

Rev. 5-17-39  
U.S. GOVERNMENT PRINTING OFFICE

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED APR 23 1940  
Registration District No. 6019

Primary Registration District No. 5808

Registrar's No. 57

1. PLACE OF DEATH:

(a) County NEWTON  
(b) City or town NEOSHO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
COUNTY INFIRMARY  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days) 630

In this community \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM BARRETT

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased MARCH 9 1861  
(Month) (Day) (Year)

8. AGE: Years 79 Months 0 Days 19 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace UNKNOWN (City, town, or county) (State or foreign country) 9

10. Usual occupation FARMER

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name UNKNOWN 9  
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)  
14. Maiden name UNKNOWN  
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country) 9

16. (a) Informant's own signature County Records  
(b) Address \_\_\_\_\_

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-21-40 (Month) (Day) (Year)

(c) Place: burial or cremation County Infirmary  
18. (a) Signature of funeral director Walter Thompson  
(b) Address Neosho Mo.

19. (a) 4-6-40 (Date received local registrar) (b) Wm. A. Salum (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Newton  
(c) City or town Neosho Rural (If outside city or town limits, write "RURAL")  
(d) Street No. Co. Infirmary (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 28 year 1940 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from Feb 1, 1940, to Mar 28, 1940, that I last saw him alive on Mar 21, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Due to Carcinoma left lung \_\_\_\_\_ years? \_\_\_\_\_

Due to Carcinoma ear \_\_\_\_\_ years? \_\_\_\_\_  
Several years ago

Other conditions (include pregnancy within 3 months of death) Smoking  
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? 543  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. A. Salum (M. D. or other) \_\_\_\_\_  
Address Neosho Mo Date signed \_\_\_\_\_

RECEIVED

District Officer No. 6,

District File Number *HHO-1129*

Date Filed *APR 12 1940*

**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.....

*Paul R. Gay*

Registered Apprentice No. *189*

working under my personal supervision.

Signed *Borey Thompson*

Licensed Embalmer No. *3259*

P. O. Address *Neosho 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.**