

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

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.

State File No. \_\_\_\_\_  
Registrar's No. 20

Registration District No. 625 Primary Registration District No. 3031

1. PLACE OF DEATH:  
(a) County Madison  
(b) City or town Marionville Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Francis Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution six days  
In this community \_\_\_\_\_  
years, months or days 1 yr.

2. USUAL RESIDENCE OF DECEASED:  
(a) State California (b) County \_\_\_\_\_  
(c) City or town Los Angeles  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6217 - Verdun  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Erman Robert Barrett  
8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. 551-01-6739

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Mar day 31  
year 1940 hour 4 minute 30 P. M.  
21. I hereby certify that I attended the deceased from Mar 23  
1940, to Mar 31 1940;  
that I last saw him alive on 4-31 1940;  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Eveldene Barrett 6. (c) Age of husband or wife if alive 30 years  
7. Birth date of deceased June 17 1910  
(Month) (Day) (Year)

Immediate cause of death Septicemic Erysipelas Duration 6 days  
Started from infection in nose  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Appendectomy Mar 26  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
29 29 9 14 hr. \_\_\_\_\_ min.  
9. Birthplace Skidmore Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Advertising Manager

Major findings: Of operations Subacute appendicitis  
Of autopsy NO  
Underline the cause to which death should be charged statistically

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name Edwood E. Barrett  
13. Birthplace Pennsylvania Erie County  
(City, town, or county) (State or foreign country)  
14. Maiden name Mrs. E. Newlon  
15. Birthplace Skidmore Missouri  
(City, town, or county) (State or foreign country)

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 W. Boyles (M. D. or other) \_\_\_\_\_  
Address Conception Street Marion Mo Date signed \_\_\_\_\_

16. (a) Informant's own signature Mrs. Eveldene Barrett  
(b) Address 940 College Marionville Mo  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-31-1940  
(Month) (Day) (Year)  
(c) Place: burial or cremation Ravenwood Cemetery  
18. (a) Signature of funeral director Campbell Funeral Home  
(b) Address 957 South Main Marionville Mo  
19. (a) 4-6-40 (Date received local registrar) (b) Mamie E. Clardy (Registrar's signature)

RECEIVED  
District Health Officer No. 10  
District File No. 440-600  
Date Filed APR 16 1944

JAN 28 1944

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.....

*William Campbell* Registered Apprentice No.....  
working under my personal supervision.

Signed *William Campbell*

Licensed Embalmer No. *2620*

P. O. Address *Maryville TN*

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.