

MAY 7 1940

Registration District No. 846

Primary Registration District No. 6110

State File No.

Registrar's No. 10

1. PLACE OF DEATH:

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

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2
(Specify whether

In this community,
years, months or days)

3. (a) PRINT FULL NAME Dorothy Mae Barnett

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

4. Sex Female 5. Color or race W 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 April 27 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
7 hr. min.

9. Birthplace Stone Mo. 1
(City, town, or county) (State or foreign country)

10. Usual occupation ✓

11. Industry or business ✓

12. Name Logan Barnett

13. Birthplace Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Fay Gardner

15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Logan Barnett

(b) Address Billings, Mo. R#1

17. (a) Rural (b) Date thereof Apr. 28 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation White Cem.

18. (a) Signature of funeral director J. W. Maples

(b) Address Clever, Mo.

19. (a) 5-1-1940 (b) H. G. Shuman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stone

(c) City or town Rural
(If outside city or town limit, write "RURAL")

(d) Street No. Billings Mo. R#1
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1940 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from April 27
1940 to April 27 1940
that I last saw her alive on April 27 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Asphyxia Neonatorum

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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(Specify type of place)

While at work? (e) Means of injury

23. Signature P. C. C. C. (M. D. or other)

Address Clever, Mo.

Date signed 5-27-40

RECEIVED

District Health Officer No. 6,

District File Number 540-1306

Date Filed MAY 13 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.....

....., 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, above space should be left blank.