

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
JUL 17 1940  
Registration District No. 386

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

21896

State File No.

5538

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Howell  
(b) City or town Rural, Benton 70  
(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  
In this community 60 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Clara May Barnett 630

3. (b) If veteran, name war

3. (c) Social Security No. no

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Jack Barnett 6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased Sept 2 1871 (Month) (Day) (Year)

8. AGE: Years 68 Months 9 Days 27 If less than one day hr. 6 min.

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

10. Usual occupation house wife

11. Industry or business 1

MOTHER FATHER { 12. Name Woodson Allen  
13. Birthplace Tenn. (City, town, or county) (State or foreign country)  
14. Maiden name Orpha Roddy  
15. Birthplace Tenn (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jack Barnett  
(b) Address Hocoma, Mo.

17. (a) Burial (b) Date thereof June 30 1940 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Amey, Mo

18. (a) Signature of funeral director None 364  
(b) Address

19. (a) 6-30-40 (b) Vida M. SIMONS (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Howell  
(c) City or town Rural (If outside city or town limits, write "RURAL")  
(d) Street No. Hocoma, Mo. (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29  
year 1940 hour 6 minute P M.

21. I hereby certify that I attended the deceased from Sept 1939 to June 29 1940  
that I last saw her alive on Sept and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration 1 hr.

Due to Hyper tension 2nd stroke 1 yr.

Due to 920

Other conditions (Include pregnancy within 3 months of death)

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature C. G. Beach (M. D. or other) M.D.  
Address Clayton, Mo. Date signed 6-30-40

**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.

**RECEIVED**  
**District Health Officer No. 5,**

District File Number 740-732

Date Filed 2/1/89

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.**