

Registration District No. 656

Primary Registration District No. 5835

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Oregon Co. Mo.
(b) City or town New Liberty
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: at home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Judy Evaline Barrett
(b) If veteran, name war 1.0
(c) Social Security No. 100-100000000

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife J. S. Barrett
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Sept 27 1868
(Month) (Day) (Year)

8. AGE: Years 71 Months 9 Days 16
If less than one day _____ min.

9. Birthplace Bradley Co. Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name _____
13. Birthplace _____
14. Maiden name Judy Evaline M. Spalden
15. Birthplace Bradley Co. Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) Burial (b) Date thereof July 16 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Falling Springs

18. (a) Signature of funeral director Wm. B. Buckel
(b) Address Van Buren Mo.

19. (a) Oct. 1, 1940 (b) Emoch Bailey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon.
(c) City or town New Liberty Missouri
(If outside city or town limit write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1940 hour _____ minute 74 M.
21. I hereby certify that I attended the deceased from July 13-1940
to July 13 1940
that I last saw her alive on July 13 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic interstitial Nephritis
Due to _____
Other conditions (include pregnancy within 3 months of death) 121

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: W

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?
5/1 (Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature W. D. Pulliam (M. D. or other) _____
Address W. in own home Date signed Oct 5-1940

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

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

J. Allen Lewis Jr

Licensed Embalmer No. *7053*

P. O. Address

Van Dusen

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

32740
State File No. 32789
Registrar's No.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
Registration District No. 636

Primary Registration District No. 5835

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

1. PLACE OF DEATH:
(a) County Oregon
(b) City or town Franklin T. P.
(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
In this community years, months, days (Specify whether)

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

3. (a) PRINT FULL NAME Julia Eueline Barrett
3. (b) If veteran name war
3. (c) Social Security No.

20. DATE OF DEATH Month 7 day 13
year hour minute M.

4. Sex 2
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
7. Birth date of deceased (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 19 to 19
that I last saw him alive on
and that death occurred on the date and hour stated above.
Immediate cause of death

8. AGE: Years 71 Months 9 Days 16 If less than one day min.
9. Birthplace (City, town, or county) (State or foreign country)

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation
11. Industry or business
12. Name Julia Eueline McFaraden
13. Birthplace Brady Tenn (City, town, or county) (State or foreign country)
14. Maiden name Julia Eueline McFaraden
15. Birthplace Tenn (City, town, or county) (State or foreign country)

Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant A. G. Barrett
(b) Address
17. (a) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (b) (Date received local registrar) (Registrar's signature)

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 H. D. Rollins (M. D. or other)
Address Date signed

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