No. 2
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FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3376

Registration District No. 543 Primary Registration District No. 5743 Registrar's No. 2

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

1. PLACE OF DEATH:
(a) County Maries
(b) ~~City or town~~ Rural Boone Twp.
(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 — (Specify whether
In this community Life Time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Maries 63
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Dixon, Mo. R#3
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MONROE PARSON BARNETT
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Rebecca Ann Parson
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased July (Month) 4 (Day) 1861 (Year)

8. AGE: Years 79 Months 6 Days 16 If less than one day hr. min.

9. Birthplace Maries County, Mo (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Harrison Barnett
13. Birthplace — Penn. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Hannah Marion Hosler
15. Birthplace — Penn (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Cora Martin
(b) Address Dixon, Mo. R#3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 23 (Month) 1941 (Day) (Year)
(c) Place: burial or cremation James Camp Ground - Meta, Mo
18. (a) Signature of funeral director C. L. Casey
(b) Address Iberia, Mo. 4 D
19. (a) Jan 25, 1941 (Date received local registrar) (b) Rosa Lawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20
year 1941 hour minute 1 a M.
21. I hereby certify that I attended the deceased from Jan 15 1941, 19 Jan 18, 1941
that I last saw him alive on Jan 18, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertension	unknown
Due to Arteriosclerosis	unknow
Due to Chronic nephritis	unknow
Other conditions Uraemia (Include pregnancy within 3 months of death)	1 mo

Major findings:
Of operations ✓
Of autopsy ✓

131 b

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? ✓ (Specify type of place)
While at work? ✓ (e) Means of injury ✓
23. Signature Donley Gates (M. D. or other) D.O.
Address Brinktown Date signed 1/23/40

(Licensed Embalmer's Statement on Reverse Side)

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 C L Casey

Licensed Embalmer No. 2694

P. O. Address Iberia, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.