

FILED APR 15 1941

Registration District No. _____

809 Primary Registration District No. _____

12254

Registrar's No. _____

1. PLACE OF DEATH:

(a) County: Scotland County
(b) City or town: Rural
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Scotland Co
(c) City or town: Rural
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.: 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24
year 1941 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from June, 1928, to Feb 24, 1941;
that I last saw her alive on Feb 21, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Nephritis

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? _____ (City or town) _____ (County) _____ (State)

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

(e) Means of injury _____ (Specify type of place) _____

23. Signature: [Signature] (M. D. or other) [Signature]

Address: Dowling Mo. Date signed: 2/24/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME: Mary Ann Barb

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex: Female 5. Color or race: White 6. (a) Single, widowed, married, divorced: widow

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Oct 14 1860
(Month) (Day) (Year)

8. AGE: Years 80 Months 4 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace: Shubbs Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation: House wife

11. Industry or business _____

12. Name: Thomas A Barnett

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

14. Maiden name: Martha Russell

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

16. (a) Informant: Mrs Otis Allen

(b) Address: Dowling Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 26 1941 (Month) (Day) (Year)

(c) Place: burial or cremation: Dowling

18. (a) Signature of funeral director: [Signature]

(b) Address: [Address]

19. (a) Mo (Date received local registrar) (b) [Signature] (Registrar's signature)

RECEIVED

District Health Officer No. 10

District File Number 4-41-656

Date Filed APR 10 1941

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 Fred Gerth, Jr.

Licensed Embalmer No. 4121

P. O. Address Memphis Mo

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.