

Registration District No. 147

Primary Registration District No. 5211

Registrar's No.

1. PLACE OF DEATH:

(a) County Cass  
(b) City or town Rural Everett  
(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 Lifetime  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cass  
(c) City or town Rural Everett  
(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 Oren Otis Barrett

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Max K. Barrett 6. (c) Age of husband or wife if alive 79 years  
7. Birth date of deceased Sept. 16, 1857  
(Month) (Day) (Year)

8. AGE: Years 82 Months 8 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ohio Marietta  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Wm Barrett  
13. Birthplace Indiana / Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Diantha Purda  
15. Birthplace \_\_\_\_\_ / Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant E.R. Barrett  
(b) Address Archie, Mo.

17. (a) Burial (b) Date thereof May 20, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Crescent Hill

18. (a) Signature of funeral director Atkinson Bros.

(b) Address Archie, Mo.

19. (a) May 20-41 (b) Mrs. Dora Lidain  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18  
year 1941 hour \_\_\_\_\_ minute 9:30 A.M.

21. I hereby certify that I attended the deceased from Feb 21, 1941, to May 18, 1941;  
that I last saw him alive on May 11, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure  
Due to Myocardial Insufficiency and Chronic Myocarditis  
Due to \_\_\_\_\_

Other conditions Semiprobable  
(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?  
140 (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature Basel P. Hartwell (M. D. or other) MD  
Address Neapel Mo Date signed 5/19/41

Duration

4 weeks

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

19  
0  
0

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**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 Floyd Atkinson  
Licensed Embalmer No. 3920  
P. O. Address Harrisville

**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.**