

12-40  
7-39  
X23159

FILED JUN 12 1941

Dr. Camp.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 17834

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 423

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

1. PLACE OF DEATH: **GREENE**

(a) County: **GREENE**

(b) City or town: **Springfield**

(c) Name of hospital or institution: **801 E. Sunshine**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: **19 Years**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME: **Fred W. Barrett**

(b) If veteran, name war: **no**

(c) Social Security No.: **no**

4. Sex: **Male ( / )**

5. Color or race: **White**

6. (a) Single, widowed, married, divorced: **Married**

6. (b) Name of husband or wife: **Vivian Barrett**

6. (c) Age of husband or wife if alive: **Unknown** years

7. Birth date of deceased: **Oct. 22 1874**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>66</b>	<b>6</b>	<b>27</b>	hr. min.

9. Birthplace: **Cayuga County / New York**  
(City, town, or county) (State or foreign country)

10. Usual occupation: **Attorney**

11. Industry or business

MOTHER FATHER { 12. Name: **Burden H. Barrett**

13. Birthplace: **Locke / N. Y.**  
(City, town, or county) (State or foreign country)

14. Maiden name: **Georganna Lamphers**

15. Birthplace: **Unknown / N. Y.**  
(City, town, or county) (State or foreign country)

16. (a) Informant: **Paul Barrett**

(b) Address: **Springfield, Mo.**

17. (a) **Burial** (b) Date thereof: **May 21 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Maple Park**

18. (a) Signature of funeral director: **H. H. Lohmeyer**

(b) Address: **Springfield, Mo.**

19. (a) **5-21-41** (b) **W. E. Haudley**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **Greene 35**

(c) City or town: **Springfield 2**  
(If outside city or town limits, write "RURAL")

(d) Street No.: **801 E. Sunshine 6**  
(If rural, give location)

(e) If foreign born, how long in U. S. A.: **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **19**  
year **1941** hour **9** minute **30 a.m.**

21. I hereby certify that I attended the deceased from **May 17-41**  
19 **41** to **May 19 1941**  
that I last saw h. **live** on **May 19 1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Cerebral Hemorrhage**

Due to: **Arterio-sclerosis & Hypertension**

Other conditions: **g 3 1/2**

Duration

**3 days**

**5 yrs.**

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

Signature: **Francis B. Camp** (M. D. or other)

Address: **Springfield, Mo.** Date signed: **May 23-41**

**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

*Walter E. Hamblett*

Licensed Embalmer No. *3808*

P. O. Address *Springfield, 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, fact should be so stated above.**