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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED SEP 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28057

Registration District No. 198 Primary Registration District No. 4121 Registrar's No. 124

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2437 Tracey Ave - K.C. Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 2 days. 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED: Jackson 042

(a) State Mo (b) County ~~Clay~~

(c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 2437 Tracey Ave - K.C. Mo
(If rural, give location)

(e) Citizen of foreign country? X (Yes or No)

If yes, name country X 1

3. (a) PRINT FULL NAME DELBERT BARNETT

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race Colored

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None

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

7. Birth date of deceased June (Month) 14 (Day) 1928 (Year)

8. AGE:

Years	Months	Days	If less than one day
13	2	6	..... hr. ..... min.

9. Birthplace Columbia (City, town, or county) Mo (State or foreign country)

10. Usual occupation At School -

11. Industry or business

FATHER
12. Name Daniel Barnett
13. Birthplace Howard Co. (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Anabelle Pipes
15. Birthplace Rochepot (City, town, or county) Mo (State or foreign country)

16. (a) Informant Isadore Pipes
(b) Address 2446 Wabash K.C. Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Aug 28 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Highlands

18. (a) Signature of funeral director Heybert Hope
(b) Address Excelsior Springs Mo

19. (a) Aug 27-1941 (Date received local registrar) (b) Mrs Rea McCracken (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ..... day ..... year ..... hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...;
that I last saw h..... alive on ..... 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Drowning, we found in Mo. River at Mo. City, Mo. Aug. 26th 1941. at 9 A.M. — Duration

Due to

Due to Drowning

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Coroner

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) Drowning

(b) Date of occurrence

(c) Where did injury occur? Mo. River, Mo. City Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Mo. River
(Specify type of place)

While at work? ..... (e) Means of injury

23. Signature R.W. Prather Coroner (M. D. or other)

Address Excelsior Springs Mo Date signed 8-26-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 9-3-41
Date Filed

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.....

Licensed Embalmer No.....

P. O. Address.....

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.