

APR 21 1941

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 255

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Columbia, Mo.  
(c) Name of hospital or institution:  
203 St. 5th St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no  
In this community 20 years  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone  
(c) City or town Columbia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 203 St. 5th  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME MAUDE SMITH BARNETT

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife O. B. Barnett 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased Oct 31 1870  
(Month) (Day) (Year)

8. AGE: Years 70 Months 10 Days 13 If less than one day hr. min.

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

10. Usual occupation at Home

11. Industry or business

12. Name Russell Smith

13. Birthplace Ill.  
(City, town, or county) (State or foreign country)

14. Maiden name Marina Miller

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

16. (a) Informant Miss Riddle

(b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof Sept 16 '41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Parker's

(b) Address Columbia, Mo.

19. (a) 9/16/41 (b) Allie Selby  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9/14 day year 41 hour 2:30 minute P. M.

21. I hereby certify that I attended the deceased from 1921 to 9/14/41 that I last saw her alive on 9/14/41 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of uterus

Due to 7

Due to 7

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

Duration

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?

While at work? at home (Specify type of place) (Specify means of injury)

23. Signature Edwin (M. D. or other)

Address Columbia Date signed 9/15/41

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

110  
24

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. 41312

P. O. Address..... Columbia, Pa.

**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.**