

No. 2  
-1-4-41  
5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS  
FILED OCT 21 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 32157  
Registrar's No. 11

Registration District No. 640

Primary Registration District No. 5849

1. PLACE OF DEATH:  
(a) County Osage  
(b) City or town Freedom  
(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  
In this community life time (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Osage  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Wm M. Barrett  
3. (b) If veteran, name war ✓ 3. (c) Social Security No. no

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept day 12, year 1941 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.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S.O  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Month) (Day) (Year)

Immediate cause of death Heart Disease - Chronic Myocarditis  
Due to Satty Degeneration of Heart  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 938  
Major findings: Of operations \_\_\_\_\_  
Of autopsy Satty Degeneration of Heart

7. Birth date of deceased Aug - 28 1878  
(Month) (Day) (Year)  
8. AGE: Years 63 Months 1 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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? (Specify type of place) (e) Means of injury 3

9. Birthplace Osage (City, town, or county) (State or foreign country) 0  
10. Usual occupation Farmer

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name John Barrett  
13. Birthplace Ireland (City, town, or county) (State or foreign country) 4  
14. Maiden name Mary Ann McGeuse  
15. Birthplace St Louis Mo (City, town, or county) (State or foreign country)

16. (a) Informant Hugh Barrett  
(b) Address Jefferson City - Mo  
17. (a) Burial (b) Date thereof 9-13-41 (Month) (Day) (Year)  
(c) Place: burial or cremation Balds Creek

18. (a) Signature of funeral director Morton Funeral Home  
(b) Address Linn Mo  
19. (a) 9-13-1941 (Date received local registrar) (b) Mrs Bora Jett (Registrar's signature)

23. Signature Dale W. Wilkner (M. D. or other) carner  
Address Wagon, Mo. Date signed 9/12/41

211 (Licensed Embalmer's Statement on Reverse Side)

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

76  
0  
0

**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 Vernon Morton  
Licensed Embalmer No. 425  
P. O. Address Linn, 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.**