No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED NOV 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. Fessenden

State File No. 34919

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 852

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield Cities
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John Hosp. 1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community 25 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Nichols 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route # 1 0
(If rural, give location) 1

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

If yes, name country

3. (a) PRINT FULL NAME Jesse J. Barrett

3. (b) If veteran, name war no

3. (c) Social Security No. 702039502

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Lula Barrett

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

7. Birth date of deceased Feb. (Month) 22 (Day) 1883 (Year)

8. AGE: Years 58 Months 8 Days 1 If less than one day hr. min.

9. Birthplace Cadillac (City, town, or county) Michigan 1 (State or foreign country)

10. Usual occupation Section Foreman

11. Industry or business Frisco R.R.

FATHER
12. Name Burden H. Barrett
13. Birthplace Locke (City, town, or county) New York 1 (State or foreign country)

MOTHER
14. Maiden name Georganna Lamphers
15. Birthplace Unknown (City, town, or county) New York 1 (State or foreign country)

16. (a) Informant Wallace Barrett
(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. (Month) 25 (Day) 1941 (Year)
(c) Place: burial or cremation Billings, Missouri

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 10-25-41 (Date received local registrar) (b) W. E. Handley M.D. 9 x 4 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23 year 1941 hour 10 minute 30 a.M.

21. I hereby certify that I attended the deceased from 10/20 1941, to 10/24 1941, that I last saw him alive on 10/24 — 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	5 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

94 a

Major findings:
Of operations None
Of autopsy None

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? (e) Means of injury ✓

23. Signature E M Fessenden (M. D. or other) L D
Address Springfield Mo Date signed 10/24-41

(Licensed Embalmer's Statement on Reverse Side)

NOV 18 1941

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 wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.