

FILED MAR 5 1942
Registration District No. _____

Primary Registration District No. 6110

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Stone
(b) City or town Union In Rural
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ (Specify whether)
In this community all of life years, months or days

3. (a) PRINT FULL NAME Freddie Logan Barnett

3. (b) If veteran, name war ✓ 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 _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Mar. 28 - 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
10 20 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Logan Barnett

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

14. Maiden name Faye Gardner

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

16. (a) Informant Billings - Mo. R#1.

(b) Address Billings - Mo. R#1.

17. (a) Burial (b) Date thereof Feb. 21 - 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation White Cem

18. (a) Signature of funeral director J. W. Maples

(b) Address Clever - Mo.

19. (a) 2-21-42 (b) George Manlove
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stone
(c) City or town rural
(If outside city or town limits, write "RURAL")
(d) Street No. Billings R. #1.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20th
year 1942 hour 2 minute 40 A. M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____, and that death occurred on the date and hour stated above.

that I last saw him alive on Feb. 19, 1942

Immediate cause of death _____

Brain Abscess Duration 6 hrs.

Due to at the media - left.

Due to secondary & acute sinus infection.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 89a

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)
(a) Means of injury _____

23. Signature R. P. Coyle (M. D. or other) MD
Address Stone, Mo Date signed 2-20-42

RECEIVED

District Health Officer No. 6,

District File Number 342-267

Date Filed MAR 4 1942

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.....

J. W. Maples

Licensed Embalmer No. 2985

P. O. Address Clemer 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.