

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

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JUN 11 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

18169

State File No. \_\_\_\_\_

Registration District No. 408

Primary Registration District No. 5563

Registrar's No. 112

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Jackson Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Carthage Rt. #4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 26 Years (Specify whether  
In this community 26 Years  
years, months or days)

3. (a) PRINT FULL NAME MARY ELLEN BARNETT

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

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

6. (b) Name of husband or wife Hugh Barnett 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased July 12 1879  
(Month) (Day) (Year)

8. AGE: Years 62 Months 10 Days 14 If less than one day hr. min.

9. Birthplace Unknown Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mr. Hugh Barnett

(b) Address Carthage Rt. 4

17. (a) Burial (b) Date thereof May 28 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Curtis Cemetery

18. (a) Signature of funeral director. E. C. Ulmer

(b) Address 1208 S. Garrison, Carthage

19. (a) May 28, 1942 (b) Elizabelle Couplin  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Rural (Jackson Twnship)  
(If outside city or town limits, write "RURAL")  
(d) Street No. Carthage Rt. 4.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26  
year 1942 hour 2 minute 10 P.M.

21. I hereby certify that I attended the deceased from May 21  
1942 to May 26 1942

that I last saw her alive on May 26, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Pneumonia  
from food

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Acute Nephritis  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy 177 99

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no

(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 \_\_\_\_\_

23. Signature W.H. Brookshire (M. D. or other) M.D.

Address Joplin Mo Date 5/27/42

1203 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

19  
00

49  
6

0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

049

42-5-498

*Handwritten notes and scribbles at the top of the page.*

**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.

*Handwritten initials*

Signed..... *E. L. ...*

Licensed Embalmer No. *2272*

P. O. Address *Ortgage*

**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.**