

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No. 3002

Registrar's No. 89

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Audrain County jail
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days
In this community Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME John William Barnett

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

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

6. (b) Name of husband or wife Adelia Barnett 6. (c) Age of husband or wife if alive 1864 years

7. Birth date of deceased December 9, 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 7 If less than one day hr. min.

9. Birthplace Mexico, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

12. Name John Barnett

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

14. Maiden name Sue Ann Green

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

16. (a) Informant Jesse Lewis Barnett

(b) Address Mexico, Mo.

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

(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director T. T. Paul

(b) Address Mexico, Mo.

19. (a) June 16-1942 (b) Margaret H. Machie
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 308 Northwestern Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16 year 1942 hour 9:30 minute 18 M.

21. I hereby certify that I attended the deceased from June 3 to June 3, 1942
that I last saw him alive on June 3, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebrospinal syphilis
senile dementia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: None
Of operations

Of autopsy

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? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? no (Specify type of place) (e) Means of injury no

23. Signature H. A. Brushier (M.D. or other) M.D.
Address Mexico, Mo. Date signed 6/16/42

JUN 29 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.....

Earl E. Precht, Registered Apprentice No.....

working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.