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4-13-40  
5-17-39  
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21170

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUL 14 1942 3 20

Registration District No. ....

Primary Registration District No. 5443

Registrar's No. ....

9  
0  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County: **GREENE**

(b) City or town: **Springfield** *County, Greene*  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Elwood, Missouri** ✓  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED: **39**

(a) State: **Missouri** (b) County: **Greene** **0**

(c) City or town: **SELWOOD** **0**  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME: **Walter Barrett**

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

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

6. (b) Name of husband or wife: **Mrs. Bertha Barrett** 6. (c) Age of husband or wife if alive: **Unknown** years

7. Birth date of deceased: **October 20, 1875**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	4	28	.....hr. ....min.

9. Birthplace: **Greene County, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation: **Farmer**

11. Industry or business: **On farm**

12. Name: \_\_\_\_\_

13. Birthplace: **Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name: \_\_\_\_\_

15. Birthplace: **Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant: **Mrs. Bertha Barrett**

(b) Address: **Elwood, Missouri**

17. (a) **Burial** (b) Date thereof: **3/21/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Brookline, Mo.**

18. (a) Signature of funeral director: **Alma Lohmeyer Funeral Home**  
(City, town, or county)

(b) Address: **Springfield, Missouri**

19. (a) **6/20/1942** (b) **Jewell Williams**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **18th** year **1941** hour **3** minute **A.M.**

21. I hereby certify that I attended the deceased from **March - 19 - 1941**, to **March 19, 1941**; that I last saw him alive on **March 19, 1941**; and that death occurred on the date and hour stated above.

Immediate cause of death: **Angina pectoris** **3 hrs**

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

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

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: **946**  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

Duration

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

23. Signature: **E. M. LeCompte** (M. D. or other) **M.D.**

Address: **Brookline, Mo.** Date signed: **3/20/41**

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**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 with the above constitutes grounds for revocation of license.)**

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