V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 1942

Registration District No. 116

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30268

Primary Registration District No. 5-434

Registrar's No. 78

36

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Rural - St. Johns
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Washington, R.F.D. #1 E
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 64 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Washington, R.F.D. #1 E
(If rural, give location)
(e) Citizen of foreign country? No (~~Yes~~ or No)
If yes, name country

3. (a) PRINT FULL NAME BESSIE BARRETT

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 27 (Day) 1878 (Year)

8. AGE: Years 64 Months 3 Days 4 If less than one day hr. min.

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

10. Usual occupation Housekeeping

11. Industry or business Home

FATHER
12. Name James P. Barrett
13. Birthplace Washington (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Ann Stites
15. Birthplace Owensville (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Eugene Barrett
(b) Address Washington, Mo. R.F.D. #1 E

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 2, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Niebuhr & Vitt, Inc.
(b) Address Washington, Missouri

19. (a) Aug 31-42 (Date received by local registrar) (b) Lucile Ruether (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31 year 1942 hour 6 minute 00 A.M.

21. I hereby certify that I attended the deceased from April 12, 1941, to Aug. 31, 1942, that I last saw her alive on April 12, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to

Due to

Other conditions Juvenile edema
(Include pregnancy within 3 months of death)

Major findings:
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 H. A. May (M. D. or other)
Address Washington, Mo. Date signed 8/31/42

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(Licensed Embalmer's Statement on Reverse Side)

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

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~~ Lester H. Witt, ~~Registered Apprentice No.~~ working under my personal supervision.

Signed Lester H. Witt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.