

FILED APR 9 1943
Registration District No. 200

Primary Registration District No. 114052

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

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00

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Green Ridge
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 -
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 38 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis

(c) City or town Green Ridge
(If outside city or town limits, write "RURAL")

(d) Street No. - (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country -

3. (a) PRINT FULL NAME HENRY JACKSON BARNETT

3. (b) If veteran, name war -

3. (c) Social Security No. -

4. Sex Male 5. Color or Race White

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

6. (b) Name of husband or wife deceased

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

7. Birth date of deceased Dec 17 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

43 2 24 hr. min.

9. Birthplace Burlington Kentucky 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired carpenter

11. Industry or business

MOTHER FATHER { 12. Name James Monroe Barnett

13. Birthplace unknown Virg. 1
(City, town, or county) (State or foreign country)

14. Maiden name Mary Elizabeth Stubbins

15. Birthplace unknown Kentucky 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Laura E. Frank *

(b) Address Green Ridge Mo

17. (a) Burial (b) Date thereof Mar 12 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Camp Branch Cemetery

18. (a) Signature of funeral director Bo. R. Spelley

(b) Address Green Ridge Mo

19. (a) 3-11-43 (b) Moanna Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 11th
year 1943 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from Dec 15, 1942, to Mar 11, 1943
that I last saw him alive on Mar 10, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Hemiplegia (left)
Due to cerebral hemorrhage

Due to

Other conditions Hypertension
(Include pregnancy within 6 months of death)

Major findings:
Of operations 938

Of autopsy

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 A. G. Hite (M. D. or other) M. D.
Address Green Ridge Mo Date signed 3/11/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-9-43

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 Elmer E. Heck

Licensed Embalmer No. 4063

P. O. Address Green Ridge, Pa.

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.