

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13987

State File No. _____

APR 16 1943

Registration District No. 21

Primary Registration District No. 4107

Registrar's No. 17

1. PLACE OF DEATH:
(a) County Cedar
(b) City or town El Dorado Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME ALICE GERALDINE BARRITT
(b) If veteran, name war. no
(c) Social Security No. none

4. Sex Female 5. Color or race white
(b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years
7. Birth date of deceased. Nov 17 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 3 26 hr. min.

9. Birthplace Cedar County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

12. Name Lloyd Barritt

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

14. Maiden name Kirby Adams

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

16. (a) Informant Lloyd Barritt

(b) Address El Dorado Springs, Mo.

17. (a) Burial (b) Date thereof Mar-15-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clintonville (Cemetery)

18. (a) Signature of funeral director Swinn Siders

(b) Address El Dorado Springs, Missouri

19. (a) 3/15/43 (b) L. W. Unaway
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CEAR
(c) City or town EL DORADO SPRINGS
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 13
year 1943 hour 7 minute 0 M.

21. I hereby certify that I attended the deceased from Mar 6
1943, to Mar 13 1943
that I last saw her alive on Mar 13
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal
flu Duration 1 wk

Due to Liver Congestion

Due to _____

Other conditions (Include pregnancy within 3 months of death) 33 h

Major findings: Of operations _____

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 L. W. Unaway (M. D. or other) _____

Address El Dorado Springs, Mo. Date signed 3/14/43

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

RECEIVED

District Health Officer No. 7,

District File Number 3-43-126

Date Filed 4-13-43

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 W. B. Siders

Licensed Embalmer No. 3250

P. O. Address Edwards Springs, 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.