

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21502**  
Registrar's No. **5**

Registration District No. **141**

Primary Registration District No. **5550**

1. PLACE OF DEATH:

(a) County **Howell**  
(b) City or town **Rural, Benton**  
(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 (Specify whether)  
In this community years, months or days

3. (a) PRINT FULL NAME

**Jack Morgan Barrett**

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex **Male**

5. Color or race **W**

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

6. (b) Name of husband or wife

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

7. Birth date of deceased **Jan 12 1922**  
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day hr. min.

**71**

9. Birthplace

(City, town, or county)

(State or foreign country)

**Tenn 1**

10. Usual occupation

**Farmer**

11. Industry or business

12. Name **Hammond Barrett**

13. Birthplace

(City, town, or county)

(State or foreign country)

**Tenn 1**

14. Maiden name **Ruth Morgan**

15. Birthplace

(City, town, or county)

(State or foreign country)

**Tenn 1**

16. (a) Informant **Sammy Barrett**

(b) Address **Hammond, Mo**

17. (a) **burial**

(Burial, cremation, or removal)

(b) Date thereof **6-2-43**

(Month) (Day) (Year)

(c) Place: burial or cremation **Amey, Mo**

18. (a) Signature of funeral director **Elmer**

(b) Address **Hammond, Mo**

19. (a) **6-1-43**

(Date received local registration)

(b) **Elmer**

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Howell**  
(c) City or town **Rural, Benton**  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **1**  
year **1943** hour **6:30** minute **a** M.

21. I hereby certify that I attended the deceased from **May 17** to **June 1**, 19**43**  
that I last saw him alive on **April 17**, 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral apoplexy, 2 days**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) **830**

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  
Signature **CA Beach MD** (M. D. or other)  
Address **Elyah Mo** Date signed **6-1-43**

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

RECEIVED

District Health Officer No. 5,

District File Number 743 800

Date Filed 7. 6 - 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.....

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.**