

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

35580

State File No.

OCT 19 1943

301

Primary Registration District No. 6032

Registrar's No. 1924

1. PLACE OF DEATH:

(a) County Ripley
(b) City or town Rural Doniphan
(c) Name of hospital or institution: 4 miles north Doniphan 1 mi East of Doniphan
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution 12 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Jesie W. 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 married
6. (b) Name of husband or wife Frankie Barnett 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased December 22, 1877
(Month) (Day) (Year)

8. AGE: Years 65 Months 7 Days 18 If less than one day .hr. .min.

9. Birthplace Ballinger County MO.
(City, town, or county) (State or foreign country)

10. Usual occupation farming

11. Industry or business

12. Name Ben Barnett
13. Birthplace Ballinger County MO.
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant W.P. Barnett
(b) Address Doniphan mo.
17. (a) Burial (b) Date thereof 8-14-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem.
18. (a) Signature of funeral director Blackley mortuary
(b) Address Doniphan mo.
19. (a) 9-20-43 (b) E.B. Johnston
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ripley
(c) City or town Doniphan - Rural
(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 August day 16, year 1943 hour 7 minute 10 A.M.

21. I hereby certify that I attended the deceased from August 15, 1943 to August 16, 1943, that I last saw him alive on August 15, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Heart Block

Due to acute malaria

Due to

Other conditions (Include pregnancy within 3 months of death)

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 E. E. Johnston (M. D. or other)
Address Doniphan mo Date signed 8-16-43

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

MOTHER FATHER

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.....

Lealie D. Russell

Licensed Embalmer No. *3855*

P. O. Address. *Corning Ark.*

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.