

No. 2
A-2.43
5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

File No. 38338

State File No. _____

FILED DEC 31 1943
Registration District No. _____

Primary Registration District No. 5551

Registrar's No. 111

1. PLACE OF DEATH:

(a) County Howell Rt. 1

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

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

(d) Length of stay: In hospital or institution 3 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Howell

(c) City or town West Plains
(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 _____

3. (a) PRINT FULL NAME Frank M. Barnett

3. (b) If veteran, name war V

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 10 day 27
year 43 hour 6 minute 00 A.M.

4. Sex m 5. Color or race w

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased 7-11-1943
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months 3 Days 16 If less than one day _____ hr _____ min.

Immediate cause of death Lobar pneumonia

Due to: _____

Due to: _____

Other conditions Deep cold
(Include pregnancy within 3 months of death)

9. Birthplace Howell Co, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

12. Name Frank Barnett

13. Birthplace Howell Co, Mo
(City, town, or county) (State or foreign country)

14. Maiden name Ruby

15. Birthplace Aransas Co
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations _____

Of autopsy none

16. (a) Informant Ruby Barnett

(b) Address West Plains Mo

17. (a) _____ (b) Date thereof 10/28-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cremation

18. (a) Signature of funeral director Walter

(b) Address West Plains

19. (a) 11-15-43 (b) Walter
(Date received local registrar) (Registrar's signature)

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 John J. ...
Address Med View Mo Date signed 10/27-43

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

46
00

1125

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 51
District File Number 1243700
Date Filed 12-7-43

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.