

FILED FEB 2 1944

Registration District No. _____

Primary Registration District No. 3016

Registrar's No. 18

1. PLACE OF DEATH

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME George Monroe Barrett

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color W Race W 6. (a) Single, widow, Single, divorced, Single

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

7. Birth date of deceased: Jan 13 1890
(Month) (Day) (Year)

8. AGE: Years 54 Months 0 Days 12
If less than one day hr. _____ min. _____

9. Birthplace St. James Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Chas. Barnett

13. Birthplace Baltimore Maryland
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Barton

15. Birthplace St. James Mo
(City, town, or county) (State or foreign country)

16. (a) Informant St. Marys Hospital

(b) Address Jefferson City, Mo

17. (a) Observed (b) Date thereof 1-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. James, Mo.

18. (a) Signature of funeral director Edna Service

(b) Address 710 Jefferson

19. (a) 1-25-44 (b) Therma Richter
(Date received burial registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps
(c) City or town St. James
(If outside city or town limits, write "RURAL")
(d) Street No. 2nd City Limits (No Street)
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24 year 1944 hour 9 minute _____ M.

21. I hereby certify that I attended the deceased from Jan 24 1944 to Jan 24 1944
that I last saw him alive on Jan 24 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Labor pneumonia Duration 1 wk

Due to Myocarditis

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? _____

(Specify type of place) While at work? _____ (e) Means of injury S

23. Signature M. Decker (M. D. or other) _____
Address Jefferson City, Mo Date signed 1/25/44

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

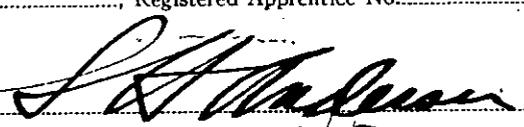
MOTHER FATHER

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..... 

Licensed Embalmer No. 3641

P. O. Address..... James

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.