

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Rural-Benton Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XXXX /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXX (Specify whether years, months or days)
In this community XXX

3. (a) PRINT FULL NAME Walter Joseph Barnett

3. (b) If veteran, name war XXX 3. (c) Social Security No. 500-10-7274

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Effie Barnett 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Sept 15, 1871
(Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 13 If less than one day XXXXXXXXXX hr. min.

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

10. Usual occupation Farming

11. Industry or business XX

12. Name Albert Barnett

13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mattie Bowles

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

16. (a) Informant Mrs. Everett Lowry

(b) Address Jerico Springs, Mo.

17. (a) Burial (b) Date thereof 1-30-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wagoner

18. (a) Signature of funeral director Church and Neale

(b) Address Stockton, Missouri

19. (a) Feb 23, 1944 (b) J. B. Schain
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1-28- day 3 year 1944 hour 3 pm minute M.

21. I hereby certify that I attended the deceased from Jan 19, 1944 to Jan 28, 1944
that I last saw him alive on Jan 28 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
High Blood pressure
arterio sclerosis

Due to High Blood pressure
arterio sclerosis

Other conditions 830
(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 J. B. Schain (M. D. or other)
Address Jerico Springs, Mo. Date signed 1-28-44

RECEIVED

District Health Officer No. 7,

District File Number 2-44-222

Date filed 3-7-44

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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address. Stevenson 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.