

25  
1  
0

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

1. PLACE OF DEATH:

(a) County Oregon

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

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

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

2. USUAL RESIDENCE OF DECEASED: 75

(a) State Missouri (b) County Oregon

(c) City or town Thayer  
(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 Albert Louis Barnett

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5  
year 1944 hour 2 minute 30 P.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married. Single

6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
(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.

7. Birth date of deceased Sept.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
2 7 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Acute bacterial pneumonia  
Secondary angina

Duration 1 week

9. Birthplace Thayer Missouri  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

Other conditions (include pregnancy, within 3 months of death) \_\_\_\_\_

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

Major findings: 157a  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

MOTHER FATHER { 12. Name Minturn Barnett

13. Birthplace Thayer Missouri  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

14. Maiden name Hessie Springfield

15. Birthplace Oregon County Missouri  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

16. (a) Informant Mrs. Minturn Barnett

(b) Address Thayer, Mo.

(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)

17. (a) Burial (b) Date thereof 2/6/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thayer Cem.

While at work? \_\_\_\_\_ (Specify type of place) (2) Means of injury \_\_\_\_\_

23. Signature OW Payne (M. D. or other) MD  
Address Thayer, Mo. Date signed 2-7-44

18. (a) Signature of funeral director Joe D. Williams

(b) Address Thayer, Mo.

19. (a) 3-10-44 (b) Joe D. Williams  
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 5,

District File Number 444237

Date Filed 4-8-44

---

---

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.....

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.**