

FILED APR 19 1944

State File No.

Registration District No. 169

Primary Registration District No. 4261

Registrar's No. 169

1. PLACE OF DEATH:

(a) County Knox
(b) City or town Hurdland mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Knox
(c) City or town Hurdland Mo
(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. 0

3. (a) PRINT FULL NAME MARY MARGARET BARRETT

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife 6. (c) Age of husband or wife if
alive years
7. Birth date of deceased 6 18 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 9 5 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name George Dailing

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

14. Maiden name Francis Mays

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

16. (a) Informant Mrs. Bud Henry

(b) Address Hurdland, Mo.

17. (a) Edina mo (b) Date thereof 3 25 - 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph's Cemetery

18. (a) Signature of funeral director Bella Peregshauer

(b) Address Edina, Missouri

19. (a) 3-24-1944 (b) Nelle Northcutt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
year 1944 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 19, 1944 to Mar. 23, 1944
that I last saw her alive on March 21, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration 2 days

Due to Blood clot in Brain

Due to

Other conditions Chronic myocarditis
(Include pregnancy within 3 months of death)

Major findings: Of operations 938

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?

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

23. Signature M. E. Luman (M. D. or other) 0
Address Edina mo Date signed Mar 24/44

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 4-44-826

Date Filed APR-14-1944

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.....

Keith Hudson

Licensed Embalmer No.....

2415

P. O. Address.....

Edina, Miss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.