

FILED JUN 12 1944

Registration District No.

Primary Registration District No. 3054

Registrar's No.

1. PLACE OF DEATH:

(a) County. PIKE
(b) City or town. LOUISIANA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution. MINERAL SPRING HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 9 DAYS
(Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME. FLORA HESTER BARNETT

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

4. Sex. Female
5. Color or race. White
6. (a) Single, widowed, married, divorced, or married. Married
6. (b) Name of husband or wife. GROVER BARNETT
6. (c) Age of husband or wife if alive. 58 years
7. Birth date of deceased. Jan 12 1885
(Month) (Day) (Year)

8. AGE: Years 59 Months 4 Days 5
If less than one day hr. min.

9. Birthplace. PIKE CO. ILL.
(City, town, or county) (State or foreign country)

10. Usual occupation. HOUSEWIFE

11. Industry or business. None

12. Name. WILLIAM PAUL FRENCH

13. Birthplace. PIKE CO ILL.
(City, town, or county) (State or foreign country)

14. Maiden name. MARTHA SELENA BAKER

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

16. (a) Informant. NETTIE PALINA CHAMBERS

(b) Address. 2103 NORTH 25TH ST.

17. (a) Burial (Burial, cremation, or removal) Blue River Cemetery

(b) Date thereof. May 19 1944
(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director. J. W. Smith

(b) Address. Milton Ill

19. (a) 5-17-44 (Date received local registrar)
(b) J. W. Smith (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Ill. (b) County. PIKE
(c) City or town. Milton RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? No
If yes, name country. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. MAY day. 17
year. 1944 hour. 3 minute. 56 A.M.

21. I hereby certify that I attended the deceased from MAY 9
1944 to MAY 17 1944
that I last saw her alive on MAY 17 1944
and that death occurred on the date and hour stated above.

Immediate cause of death. PARALYTIC ILLIUS
Duration 48 HRS.

Due to. INTESTINAL RESECTION. 4 DAYS

Due to. UTERINE CARCINOMA WITH METASTASIS. 2 YRS

Other conditions. 48 HRS
(Include pregnancy within 3 months of death)

Major findings: Of operations. METASTASISED UTERINE CARCINOMA. MESSINTERIC EMBOLISM OF ILLIUM
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? (Specify type of injury)

23. Signature. J. W. Smith
Address. Louisiana Date signed May 17

RECEIVED
District Health Officer No. 10
District File Number 6-44-1103
Date Filed JUN 9 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.....
George O. Wagner....., Registered Apprentice No.....
working under my personal supervision..

Signed *George O. Wagner*.....

Licensed Embalmer No. *3773*.....

P. O. Address *Louisiana, 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.