

FILED AUG 29 1944

Primary Registration District No. 4335

Registrar's No. 54

1. PLACE OF DEATH:

(a) County Moniteau

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

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -- (Specify whether)

In this community Most of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 68

(c) City or town Tipton 2
(If outside city or town limits, write "RURAL")

(d) Street No. No street numbers
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country Native 0

3. (a) PRINT FULL NAME Edward Barnett

3. (b) If veteran, name war None

3. (c) Social Security No. 702 180138

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 18th
year 1944 hour 5 minute 40 A. M.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martha Barnett

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased April, 23rd, 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct
1942 to July 18 1944
that I last saw him alive on July 18 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

75 8 25 hr. min.

Immediate cause of death Cardiac Deferencey

Due to Senility

Due to _____

Other conditions (Include pregnancy within 3 months of death) 9504

MOTHER FATHER

9. Birthplace Chillicothe, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Telegraph Operator

11. Industry or business Retired

12. Name Joseph Barnett

13. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)

14. Maiden name Miriam White

15. Birthplace Unknown 0
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Edgar Barnett

(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof 7-19-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tipton Masonic Cem.

18. (a) Signature of funeral director Jessie E. Richard

(b) Address Tipton Mo.

19. (a) July 18/44 (b) Wm. S. Ferguson
(Date received local registrar) (Registrar's signature)

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. F. Potts (M. D. number) _____

Address Tipton Mo. Date signed 7/18/44

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

68

871

DEC 16 1948

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 8-2-44

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed Jessie E. Richards

Licensed Embalmer No. 2464

P. O. Address Septon

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.