

S. No. 2
OM-5-43
v. 5-17-39
1 X36671

37736

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 17 1944

Registration District No. 22

Primary Registration District No. 5458

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Walnut Grove Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Walnut Grove
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community 1 year years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Walnut Grove Mo
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME Barbara J. Barnett
3. (b) If veteran, name war no
3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 29
year 1944 hour 6 minute a M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced chec
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if
alive ✓ years
7. Birth date of deceased November 29 1943
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
no physician on attendance 19...
that I last saw no alive on 19...
and that death occurred on the date and hour stated above.

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

Immediate cause of death Suffocation + Burns
Due to Explosion of lantern used to start fire in store
Due to

9. Birthplace Walnut Grove Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation ✓

Other conditions (Include pregnancy within 3 months of death) 18 1/2
Major findings: Of operations

11. Industry or business ✓
12. Name Loyde Barnett
13. Birthplace Catool Missouri
(City, town, or county) (State or foreign country)

Of autopsy

14. Maiden name Marie Garrett
15. Birthplace Springfield Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant Loyde Barnett

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 039
(b) Date of occurrence Nov 29 1944

(b) Address Walnut Grove Mo
17. (a) Burial (b) Date thereof Nov 30 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Pleasant Cemetery
18. (a) Signature of funeral director: Gene A. Brown

(c) Where did injury occur? Walnut Grove Greene Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home (Specify type of place)
While at work? no (e) Means of injury fire

(b) Address Walnut Grove Missouri
19. (a) Nov 30 1944 (b) Nelson H. Murray
(Date received local registrar) (Registrar's signature)

23. Signature Wm J. Stone 3 (M. D. or other)
Address Springfield Mo Date signed 12/1/44

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

MOTHER FATHER

1245

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Greens County Health Office

County File Number 44-12-86

Date Filed 12/18/44

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 Genea B. B...

Licensed Embalmer No. 7664

P. O. Address Walnut Glen 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.