

37737

State File No. _____

FILED DEC 17 1944
 Registration District No. _____

Primary Registration District No. 5458

Registrar's No. 26

29
 27
 0
 0

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

1. PLACE OF DEATH:

(a) County Greene
 (b) City or town Walnut Grove, Mo. v. Walnut Grove
 (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 _____)
 In this community _____ years, months or days 4 yrs. (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 37
 (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 _____

3. (a) PRINT FULL NAME Manuel James Henry Barnett
 3. (b) If veteran, name war nil 3. (c) Social Security No. nil

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 11 1940
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 18 hr. min.

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

10. Usual occupation child

11. Industry or business _____

MOTHER FATHER

12. Name Loude Barnett
 13. Birthplace Catook, Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Mari G. Quirett
 15. Birthplace Springfield, Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Loude Barnett

(b) Address Walnut Grove

17. (a) Burial (b) Date thereof Nov. 30-1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Pleasant Cemetery

18. (a) Signature of funeral director Gene A. Bism

(b) Address Walnut Grove, Missouri

19. (a) 12-1-1944 (b) Nelson Murray
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29
 year 1944 hour _____ minute _____ a. M.
 21. I hereby certify that I attended the deceased from _____
no physician's attendance 19____;
 that I last saw him _____ alive on _____ 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Asphyxiation & burn
 Due to Eruption of herpes
need to stand fire in stove
 Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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
 (c) Where did injury occur Walnut Grove, Greene Co. Mo.
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? no (Specify type of place) _____
 (e) Means of injury fire

23. Signature Gene A. Bism 3 (M. D. or other)
 Address Springfield, Mo. Date signed 12/1/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1245

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Greene County Health Office,

County File Number 44-12-87

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 Brown.....

Licensed Embalmer No. # 2664.....

P. O. Address Walden Green 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.