

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38629**
Registrar's No. **1999**

FILED NOV 25 1944
Registration District No. _____

Primary Registration District No. **6035**

1. PLACE OF DEATH:

(a) County **Ripley**
(b) City or town **Doniphan**
(c) Name of hospital or institution: **Rural**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Della Jane Barnett

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Willis Barnett**
6. (c) Age of husband or wife if alive **39** years
7. Birth date of deceased **Jan. 27, 1921**
(Month) (Day) (Year)

8. AGE: Years **23** Months **7** Days **4**
If less than one day hr. _____ min. _____

9. Birthplace **Ripley County Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Harrison Williamson**
13. Birthplace **Ripley County Mo.**
14. Maiden name **Ruth Critchfield**
15. Birthplace **Ripley County Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ruth Williamson**

(b) Address **Doniphan Mo.**

17. (a) **Burial** (b) Date thereof **Sept. 1, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Corning Cent.**

18. (a) Signature of funeral director **Blackburn Mortuary**

(b) Address **Doniphan Mo.**

19. (a) **11-21-44** (b) **E. B. Johnston**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Ripley**
(c) City or town **Doniphan rural**
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **1**
year **1944** hour **5** minute **A.M.**

21. I hereby certify that I attended the deceased from **8/1/1944** to **9/27/1944**
that I last saw her alive on **9/27/1944**
and that death occurred on the date and hour stated above

Immediate cause of death **Cancer of pelvic organs**
Duration _____

Due to _____

Due to **552**

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) _____

(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) (c) Means of injury **0**

23. Signature **E. B. Johnston** (M. D. or other) _____

Address **Doniphan, Mo.** Date signed **10-16-44**

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

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(Licensed Embalmer's Statement on Reverse Side)

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.....

Not Embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.