S. No. 2
M—2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6839

FILED MAR 12 1945

Registration District No. 274

Primary Registration District No. 4460-65929

Registrar's No. 38

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

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Houstonia (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Houstonia Twp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 35 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pettis
(c) City or town Houstonia (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME Martha Eellen Barrett
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb 20 1849 (Month) (Day) (Year)

8. AGE: Years 95 Months 11 Days 5 If less than one day hr. min.

9. Birthplace Lusburg (City, town, or county) Ohio (State or foreign country)
10. Usual occupation house keeper
11. Industry or business
FATHER 12. Name Noah Wright
13. Birthplace (City, town, or county) Ohio (State or foreign country)
MOTHER 14. Maiden name Martha Skiens
15. Birthplace (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Mrs. E. McOffitt
(b) Address Houstonia
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 28 45 (Month) (Day) (Year)
(c) Place: burial or cremation Sweet Springs
18. (a) Signature of funeral director Westbrook
(b) Address Houstonia Mo.
19. (a) 1-26-45 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25 1945 year hour 3 15 minute A M.
21. I hereby certify that I attended the deceased from Jan 15 1945 to Jan 23 1945
that I last saw her alive on Jan 24 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation — Duration
Due to Valvular heart disease
Due to
Other conditions neuritis
(Include pregnancy within 3 months of death)
Major findings:
Of operations no
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? Means of injury 0
23. Signature J. C. Mitchell (M. D. ~~or other~~) MD
Address Sedalia Date signed Jan 26 45

1032

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 3-8-45

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 H H Smiley

Licensed Embalmer No. 3987

P. O. Address Houstonia 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.