

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10091**

FILED MAR 28 1946

Registration District No. **5674**

Primary Registration District No. **5674**

Registrar's No. **10091**

1. PLACE OF DEATH:

(a) County **Lincoln**
(b) City or town **Rural Snowhill**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1 day**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **In This Community**
In this community **5 mo.**
years, months or days (Specify whether)

3. (a) PRINT FULL NAME **NELLIE MAY BARRETT**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married. **Widowed**
6. (b) Name of husband or wife **Chas Barrett** 6. (c) Age of husband or wife if alive **2** years
7. Birth date of deceased **April 15 1877**
(Month) (Day) (Year)

8. AGE: Years **67** Months **9** Days **25** If less than one day hr. min.

9. Birthplace **Troy Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Francis Cries**
13. Birthplace **Lincoln County Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Clara**
15. Birthplace **Lincoln Co. Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Warren Barrett**
(b) Address **Troy Mo.**

17. (a) **Burial** (b) Date thereof **Feb 11-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Troy Cemetery**

18. (a) Signature of funeral director **Wayne M. Boyd**
(b) Address **Troy Mo.**

19. (a) **Feb 16-45** (b) **Mr. J. W. Kimm**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lincoln**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **39**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **10**
year **1945** hour **1** minute **10 A. M.**

21. I hereby certify that I attended the deceased from **8 am** to **Feb 10 1945**
and that death occurred on the date and hour stated above.
I last saw him alive on **Feb 10 1945**

Immediate cause of death **Dyscardiac Insufficiency**
Due to **Bronchial Asthma 20%**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **11/2**
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) (e) Means of injury
23. Signature **J. C. C. Neesh** (M. D. or other)
Address **Troy Mo** Date signed **4/2/46**

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

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 3-15-45

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.....

Wayne Mc Coy
3586

Licensed Embalmer No.....

P. O. Address *Troy 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.