

FILED MAR 22 1945  
Registration District No. 22

Primary Registration District No. 5761

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Rural

(c) Name of hospital or institution: Liberty Township  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. Liberty Township  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME George M. Barnett

(b) If veteran, name war No

(c) Social Security No. No.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Nellie Washburn

(c) Age of husband or wife if alive 63 years

7. Birth date of deceased May 27 1882  
(Month) (Day) (Year)

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

62	8	26	hr. min.
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9. Birthplace Marceline, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Davis N. Barnett

13. Birthplace Adams County, Ill  
(City, town, or county) (State or foreign country)

14. Maiden name McLaughlin  
Adams County, Illinois

15. Birthplace Adams County, Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs George Barnett

(b) Address Palmyra, Mo.

17. (a) Burial (b) Date thereof 2/25/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ursa, Illinois

18. (a) Signature of funeral director Louis Mas

(b) Address Palmyra, Mo.

19. (a) 2/24/45 (b) W. Adcox  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February Day 23  
year 1945 hour 3 minute 0 A. M.

21. I hereby certify that I attended the deceased from 2-17-45  
1945 to 2-23 1945

that I last saw him alive on 2-17- 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Duration 1 1/2

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) None

Major findings:  
Of operations .....

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? .....

While at work? (Specify type of place) .....

(e) Means of injury .....

23. Signature P. G. Rosell (M. D. or other) 0

Address Palmyra, Mo Date signed 2-23-45

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

004

MOTHER FATHER

1145

MAR 29 1945

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 Lea B. Lewis

Licensed Embalmer No. 72382

P. O. Address Salisbury, 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.