S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 3 1945

Registration District No. 1

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13145

Primary Registration District No. 3012

Registrar's No. 52

1. PLACE OF DEATH:

(a) County: Clay

(b) City or town: Excelsior Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr., 8 mos., 16 days (Specify whether years, months or days)

In this community 1 yr., 8 mos., 16 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Illinois (b) County: McLean

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

(d) Street No.: --
(If rural, give location)

(e) Citizen of foreign country? No 9 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Arva W. Barrett

3. (b) If veteran, name war: World War II

3. (c) Social Security No. 564-22-1408

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife: Single

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: February (Month) 8 (Day) 1914 (Year)

8. AGE: Years 31 | Months 2 | Days 3 | If less than one day: hr. min.

9. Birthplace: Lutesville, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation: Caterpillar operator-unemployed

11. Industry or business: unemployed since war

FATHER
12. Name: Fate Barrett
13. Birthplace: ? (City, town, or county) ? 9 (State or foreign country)

MOTHER
14. Maiden name: Ellen Shell
15. Birthplace: Lutesville (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant: Hospital Records, Veterans Administration, Excelsior Springs, Mo.
(b) Address:

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation: Removed to: Piper City, Illinois

18. (a) Signature of funeral director: Herbert Hope
(b) Address: HERBERT HOPE, Undertaker Excelsior Springs, Mo.

19. (a) 4-11-45 (Date received local registrar) Mrs Sadie Redmond (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11 year 1945 hour 7:20 minute A. M.

21. I hereby certify that I attended the deceased from July 26, 1943 to April 11, 1945; that I last saw him alive on April 11, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tuberculosis, pulmonary, chronic far advanced, active	unknown
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Tuberculous Laryngitis	unknown

Major findings:
Of operations:
Of autopsy: No Autopsy performed

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? (e) Means of injury: --

(f) Signature: Ernest M. Tapp (M. D. or other) MD
ERNEST M. TAPP, Lt.Col. M.C.
Address: Veterans Administration, Excelsior Springs, Mo. Date signed 4-11-45

1166

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No.

District File Number

Date Filed 5/2/45

JUN 11 1947

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 James A. Moles.

Licensed Embalmer No. 32-96.

P. O. Address Ex Springs 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.