

FILED APR 23 1945

Registration District No. _____

Primary Registration District No. 4165

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Daviess

(b) City or town Gallatin
(If outside city or town limits, write "RURAL" and name of township)

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

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

In this community Most of life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess

(c) City or town Gallatin
(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 _____

3. (a) PRINT FULL NAME Ora Feurt Barnett

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ross N. Barnett 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased January 1 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>2</u>	<u>19</u>	hr. _____ min. _____

9. Birthplace Daviess County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business Same

12. Name Thomas A. Feurt

13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Mary Pruitt

15. Birthplace Daviess County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ross Barnett

(b) Address Gallatin, Missouri

17. (a) Burial (b) Date thereof 3-22-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brown Cemetery

18. (a) Signature of funeral director Hope Funeral Home

(b) Address Gallatin, Missouri

19. (a) 3-20-1945 (b) A. D. Dickerson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1945 hour _____ minute 3 P. M.

21. I hereby certify that I attended the deceased from Jan. 15/44
_____ 19____ to March 20, 1945;
that I last saw her alive on March 19, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Cardiac
vascular renal disease,
Hypertrophic atherosclerosis,
Due to arterial Sclerosis.

Duration 5 yrs

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 13/45

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 H. W. Bailey D.D. (M.D. or other)
Address Gallatin, Mo. Date signed March 20 1945

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

31
1
0

MOTHER FATHER

1087

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.....

L. O. Richardson

Licensed Embalmer No. *3302*

P. O. Address *Hallatier, 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.