

FILED OCT 8 1945

Registration District No. 212

Primary Registration District No. 10154

Registrar's No.

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town East Park (Rural) Stoddard
(c) Name of hospital or institution: 1 West 10th St
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Stoddard
(c) City or town East of Trail Back Stone
(If outside city or town limits, write "RURAL")
(d) Street No. Elk Camp
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years

3. (a) PRINT FULL NAME Beatrice Marie Barnett
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 S
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 30 1945
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 15 year 1945 hour 5 minute 18 M.
21. I hereby certify that I attended the deceased from Aug 30 1945 to Sept 15 1945; that I last saw her alive on Sept 15 1945 and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months 16 Days _____ If less than one day hr. _____ min. _____
9. Birthplace Essex (Rural) Mo
(City, town, or county) (State or foreign country)

Immediate cause of death Colitis Duration _____
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 119w
Of operations _____
Of autopsy _____

10. Usual occupation mil
11. Industry or business _____
12. Name Alfred Barnett
13. Birthplace Dyersburg Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Norma Payne
15. Birthplace Dudley Mo
(City, town, or county) (State or foreign country)
16. (a) Informant's own signature Alfred Barnett
(b) Address East Mo
17. (a) Burial (b) Date thereof 9-16-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Taylor Cem.
18. (a) Signature of funeral director none
(b) Address _____
19. (a) 9/15/45 (b) A. G. West Hunter
(Date received local registrar) (Registrar's signature)

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 A. G. West Hunter (M. D. or other)
Address Parma Mo Date signed 9/15/45

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 8-17-39 I X1931

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. ncf

Registration District No. 1243

Primary Registration District No. 6/54

Registrar's No.

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Essex R. T. Rural
(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
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Stoddard
(c) City or town 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 _____

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

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color of race w 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 30 1904
(Month) (Day) (Year)

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

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Alfred Barnett

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

14. Maiden name Norman Payne

15. Birthplace MO
(City, town, or county) (State or foreign country)

16. (a) Informant Alfred Barnett

(b) Address Essex, MO

17. (a) _____ (b) Date thereof 9-16-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Taylor Len

18. (a) Signature of funeral director Mene

(b) Address _____

19. (a) Nov 8, 45 (b) Nora Davis
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept Day 15 year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I first saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death celibis

Duration _____

Due to _____

Due to _____

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

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

31589