

U. S. No. 2
FORM-8-43
Rev. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12378**
Registrar's No. **137**

FILED APR 22 1946

Registration District No. **47** Primary Registration District No. **3008**

1. PLACE OF DEATH:

(a) County Callaway
 (b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
State Hospital no 1 & 2
(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 3 years 11 months 27 days

3. (a) PRINT FULL NAME ALBERT WARREN BARNETT
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced Single
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Aug 15 1864
(Month) (Day) (Year)

8. AGE: Years 81 Months 11 Days 8
 If less than one day _____ hr. _____ min.

9. Birthplace Benton County Mo
(City, town, or county) (State or foreign country)
 10. Usual occupation Boiler maker's helper

MOTHER FATHER

11. Industry or business _____
 12. Name Saml. Barnett
 13. Birthplace Alabama
(City, town, or county) (State or foreign country)
 14. Maiden name Victoria Strickland
 15. Birthplace Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Records
 (b) Address _____
 17. (a) Burial (b) Date thereof April 1-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Sedalia Mo

18. (a) Signature of funeral director J. J. Passon
 (b) Address Fulton Mo
 19. (a) 3-30-1946 (b) Joey M. Morsinkhoff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis
 (c) City or town Sedalia
(If outside city or town limits, write "RURAL")
 (d) Street No. 1522 E 9th St.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
 year 1946 hour 11:30 minute A M.
 21. I hereby certify that I attended the deceased from March 27
 1946 to March 29 1946
 that I last saw him alive on March 29 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
coronary occlusion
 Due to arterio sclerosis
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN

Major findings:
 Of operations _____
 Of autopsy gfw
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (e) 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 Joseph Imperatrice (M. D. or other) M.D.
 Address Sedalia Hospital Date signed 3/29/46

(Licensed Embalmer's Statement on Reverse Side)

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

11287

14
1
2

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-19-46

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.....

J. J. Passon

Licensed Embalmer No. 2555

P. O. Address Fulton 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.