

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JUL 8 1946** STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

20944

State File No. ....

Registration District No. 206

Primary Registration District No. 5743

Registrar's No. 127

1. PLACE OF DEATH:

(a) County Madison

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

(c) Name of hospital or institution:  
~~St. Joseph's Hospital~~  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison

(c) City or town Buckhorn, Missouri  
(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 CYNTHIA JANE BARRETT

3. (b) If veteran, name war.....

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16 year 1946 hour 7:10 minute ✓ A.M.

4. Sex FEMALE 5. Color or race White 6. (a) Single, widowed, divorced, Widowed

6. (b) Name of husband or wife ~~Walter Barrett~~ 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased FEBRUARY, 17, 1858  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 20, 1945, to June 16, 1946, that I last saw her alive on June 16, 1946, and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>88</u>	<u>3</u>	<u>29</u>	<u>unknown</u> hr. min.

Immediate cause of death apoplexy  
chronic Rheumatism

Due to.....

Due to.....

9. Birthplace BOLLINGER COUNTY, MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife state

Other conditions Valvular heart lesions 3 months  
(Include pregnancy within 3 months of death)

11. Industry or business farmer

12. Name Wiley Thurnberg

13. Birthplace Franklin Co. ARK.  
(City, town, or county) (State or foreign country)

14. Maiden name Peggy Myers

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

Major findings: Of operations ✓ (B)

Of autopsy.....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Walter Barrett

(b) Address Buckhorn

17. (a) Burns (b) Date thereof 6-18-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buckhorn, Mo

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.....

18. (a) Signature of funeral director Edith Myers

(b) Address Margdale, Mo

19. (a) 6-22-1946 (b) Florence Hicks  
(Date received local registrar) (Registrar's signature)

23. Signature Altony Brown (M. D. or other) ✓

Address Anderson, Mo Date signed 6/22/46

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

MOTHER FATHER

RECEIVED

District Health Officer No. <sup>4</sup>.....  
District File Number 746-2286  
Date Filed 7-6-46

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**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, fact should be so stated above.**