

Registration District No. **209** Primary Registration District No. **3043**

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

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Levering Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Hospital (2) weeks
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion
(c) City or town Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. 901 Paris Ave.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fred L. Barrett
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, divorced, or married Married
6. (b) Name of husband or wife Jane C. Barrett 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased January 22, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 6 3 hr. min.

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER
12. Name Ben. M.F. Barrett
13. Birthplace Zanesville Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Lora Belle Myers
15. Birthplace Elmira N.Y.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jane C. Barrett
(b) Address 901 Paris Ave. Hannibal, Mo

17. (a) Burial (b) Date thereof July 26, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery
(d) Signature of funeral director [Signature]
(b) Address Hannibal, Mo
(c) Date July 29, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 24
year 1946 hour 8 minute 50 P.M.
21. I hereby certify that I attended the deceased from Jan 45 to July 24, 1946
that I last saw an alive on July 24, 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Gastric Hemorrhage
Due to Co 9 stomach?
Partial Stenoplegia
Alcoholism
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations [Signature]
Of autopsy _____
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 [Signature]
23. Signature [Signature] (M. D. or other) _____
Address [Signature] Date signed _____

Dec 26-46

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 *W. Crawford Smith*
Licensed Embalmer No. *3814*
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.

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