

No. 2
5-43
5-17-39
I X3667

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 372

1. PLACE OF DEATH:

(a) County Pettis

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

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

(d) Length of stay: In hospital or institution 15 minutes
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80

(c) City or town Smithton (rural)

(d) Street No. Route 1 (7 miles south)
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Pearl Marie Barrett

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 George C. Barrett

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased May 18, 1905
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>41</u>	<u>3</u>	<u>19</u>	hr. min.

9. Birthplace Rich Hill, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Thomas Lewis

13. Birthplace not obtainable
(City, town, or county) (State or foreign country)

14. Maiden name Etta J. Stover

15. Birthplace Rich Hill, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant George C. Barrett (husband)

(b) Address Route 1, Smithton, Mo.

17. (a) Burial (b) Date thereof 9/10/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Flea Creek Cemetery

18. (a) Signature of funeral director Anne Ewing

(b) Address Sedalia, Missouri

19. (a) 9/9/46 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

Deputy
(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 7
year 1946 hour 11:45 minute A. M.

21. I hereby certify that I attended the deceased from Aug 9 25
1946 to Sept 7 1946
that I last saw h. ex alive on Sept 7, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Typhoid fever

Duration 3 weeks

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)

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

While at work? _____ (Specify type of place)

(a) Means of injury _____

23. Signature John Fogle (M. D. or other) MD
Address Witterville Mo Date signed 9/46
110

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

29940

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

9-21-46

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

Duane Ewing

Licensed Embalmer No. *3847*

P. O. Address *Sidalia Ill*

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.