

X37823

Registration District No. 140

Primary Registration District No. 3024

Registrar's No. 71

1. PLACE OF DEATH:

(a) County Howard
(b) City or town Fayette
(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 Most of her life
years, months or days)

3. (a) PRINT FULL NAME Henryetta Barnett

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

4. Sex Female 5. Color or race Black
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Roy Barnett
6. (c) Age of husband or wife 29 years

7. Birth date of deceased February 29, 1895
(Month) (Day) (Year)

8. AGE: Years 51 Months 7 Days 11
If less than one day hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business _____

12. Name William White

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

14. Maiden name Amanda Cosby White

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

16. (a) Informant Charley White

(b) Address Fayette, Missouri

17. (a) Burial (b) Date thereof 10/14/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Ralph A. Carr

(b) Address Fayette, Missouri

19. (a) 10-12-1946 (b) Deputy Registrar
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard
(c) City or town Fayette
(If outside city or town limits, write "RURAL")
(d) Street No. 312 Church St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10th
year 1946 hour 12:20 minute _____ P. M.

I hereby certify that I attended the deceased from July 1, 1946 to Oct 10, 1946
that I last saw him alive on 10-10-46
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of Liver?
Duration 6 Mo.

Due to _____

Due to _____

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

Major findings:
Of operations _____

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?

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature Joe Bloom (M. D. or other) M.D.

Address Fayette, Mo. Date signed 10-10-46

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 10-19-46.....

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, ~~on~~ by.....

....., Registered Apprentice No.....,
working under my personal supervision.

Signed.....

Ralph A. Carr

Licensed Embalmer No. *3340*

P. O. Address. *Jayette 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.