

No. 2
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S-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Drusvelly 11570
State File No.

FILED DEC 17 1946

Primary Registration District No. 3052

Registrar's No. 458

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 _____ (Specify, whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County PETTIS 80

(c) City or town SEDALIA 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1700 So. CHIO. 4
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 16
year 1946 hour 3 minute 30 M.

21. I hereby certify that I attended the deceased from December 1, 1946 to Dec 16, 1946
that I last saw him alive on Dec 16, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary thrombosis

Due to Arterio Sclerosis

Due to _____

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

Major findings: Of operations g3A

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) _____ (e) Means of injury _____

23. Signature [Signature] (M.D. or other) _____
Address Sedalia Date signed 12/7-46

3. (a) PRINT FULL NAME NETTIE FRANCIS BARNETT

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased JULY 16 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>4</u>	<u>20</u>	hr. _____ min. _____

9. Birthplace ILL. 1
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

12. Name R.W. BARNETT

13. Birthplace OHIO, CO. KY. 1
(City, town, or county) (State or foreign country)

14. Maiden name MALINDA PERKINS

15. Birthplace IND. 1
(City, town, or county) (State or foreign country)

16. (a) Informant MISS HAZEL BARNETT

(b) Address SEDALIA MO

17. (a) BURIAL (b) Date thereof 12-9-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CROWN HILLS

18. (a) Signature of funeral director Geo Willard

(b) Address Sedalia

19. (a) 12/7/46 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

251 (Licensed Embalmer's Stamp on Reverse Side)

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

40383

RECEIVED

District Health Officer No. 81

District File Number

Date Filed 12-14-46

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 L. T. Parker

Licensed Embalmer No. 3840

P. O. Address Sedalia 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.