

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 14 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 245

Primary Registration District No. 5836

1. PLACE OF DEATH:

(a) County NEWTON

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

(c) Name of hospital or institution: NEOSHO TWP. 1
(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

3. (a) PRINT FULL NAME JORDAN W. BARRETT

8. (b) If veteran, name war NONE

8. (c) Social Security No. NONE

4. Sex MALE **5. Color or race** WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife _____

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

7. Birth date of deceased JUNE 4 1867
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>8</u>	<u>23</u>	hr. _____ min. _____

9. Birthplace _____
(City, town, or county) (State or foreign country) INDIANA

10. Usual occupation RETIRED

11. Industry or business FARMER

MOTHER FATHER

12. Name LEVI BARRETT

13. Birthplace _____
(City, town, or county) (State or foreign country) OHIO

14. Maiden name MARY JANE BUTLER

15. Birthplace _____
(City, town, or county) (State or foreign country) UNKNOWN

16. (a) Informant's own signature Glen C. Barrett

(b) Address Wichita Kansas

17. (a) Burial, cremation, or removal burial

(b) Date thereof 3-1-1947
(Month) (Day) (Year)

(c) Place: burial or cremation Neosho 2009. Kan.

18. (a) Signature of funeral director Walter Thompson

(b) Address Neosho Mo.

19. (a) Date received local registrar Mar. 9, 1947

(b) Registrar's signature Melvin C. Gorman

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEWTON

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

(d) Street No. NEOSHO TWP.
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 27
year 1947 hour 1 minute 2 P. M.

21. I hereby certify that I attended the deceased from 2-1-1944
2, 1944, to 2-27, 1947

that I last saw him alive on 1-20-47, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Myocarditis and Chronic Nephritis

Due to _____

Due to _____

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

PHYSICIAN

Major findings: Of operations 131

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 Walter Thompson (M. D. or other)

Address Neosho Mo. **Date signed** 3-8-47

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REV. 5-1-46 I 13511

RECEIVED

District Health Officer No. Newman

District File Number 342-52

Date Filed 2-12-47

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 Corey Thompson

Licensed Embalmer No. 3259

P. O. Address Washo 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, above space should be left blank.