

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14588**

FILED APR 17 1947

Registration District No. **297**

Primary Registration District No. **5992**

Registrar's No. **29**

1. PLACE OF DEATH:

(a) County **PUTNAM**
(b) City or town **RURAL LINCOLN TOWNSHIP**
(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 **LIFE TIME** years, months or days

3. (a) PRINT FULL NAME **MOLLIE LETCH 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 **MARRIED**
6. (b) Name of husband or wife **HAZEN BARNETT** 6. (c) Age of husband or wife if alive **79** years
7. Birth date of deceased **JUNE 6 1875** (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 9 10 hr. min.

9. Birthplace **PUTNAM COUNTY MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWORK**

11. Industry or business **HOUSEHOLD**

12. Name **THOMAS LETCH**
13. Birthplace **KENTUCKY**
(City, town, or county) (State or foreign country)

14. Maiden name **MARIAH AMACK**
15. Birthplace **UNKNOWN**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. E. J. Hudson**
(b) Address **Mendota Mo**
17. (a) **BURIAL** (b) Date thereof **Mar 18 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MENDOTA CEMETERY**
18. (a) Signature of funeral director **COMSTOCK FUNERAL HOME**
(b) Address **UNIONVILLE, MO. 3 J. W. Comstock**

19. (a) **4-5-47** (b) **Marshall Durbin**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **PUTNAM**
(c) City or town **RURAL**
(If outside city or town limits, write "RURAL")
(d) Street No. **MENDOTA**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MARCH** day **16**
year **1947** hour **7** minute **10** P.M.

21. I hereby certify that I attended the deceased from **Jan 10** 1947 to **Mar 16** 1947
that I last saw her alive on **Mar 16** 1947
and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar pneumonia** Duration **4 days**

Due to _____
Due to **108**

Other conditions **Myocarditis for 2 years**
(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 **Chas L. Judd** (M. D. or other) **Dr**
Address **Unionville Mo** Date signed **3-17-47**

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

(Licensed Embalmer's Statement on Reverse Side)

OCT 2 1947

RECEIVED
District Health Officer No. 1
District File Number 44762
Filed APR 15 1947

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

James W. Comstock

Licensed Embalmer No.

4197

P. O. Address

Unionville, 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.