

FILED JUN 4 1947

Registration District No. 3 10

Primary Registration District No. 6254

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Atch. Wayne
(b) City or town Coldwater, Mo 30
(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
years, months or days

3. (a) PRINT FULL NAME

Pernicia Hannah Barrett

3. (b) If veteran,

name war ✓

3. (c) Social Security

No. ✓

4. Sex

21

5. Color or race W

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

6. (b) Name of husband or wife

Benton Barrett

6. (c) Age of husband or wife if

alive _____ years

7. Birth date of deceased

Mar 17 1856
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

90

11

16

hr. _____ min.

9. Birthplace

Madison co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

12. Name

Jacob Bess 9

13. Birthplace

unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name

Lusanna Hanks 9

15. Birthplace

unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant

Mrs. Dewitt J Cook

(b) Address

Fredericktown, Mo.

17. (a)

Burial
(Burial, cremation, or removal)

(b) Date thereof

3-5-47
(Month) (Day) (Year)

(c) Place: burial or cremation

Barrett

18. (a) Signature of funeral director

Watt & Holt

(b) Address

Fredericktown, Mo

19. (a)

May 28-47
(Date received local registrar)

(b)

Mabel Beasley
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Madison
(c) City or town Beckhorn
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar, day 3, year 1947 hour 3:25 minute PM

21. I hereby certify that I attended the deceased from

Feb 26, 1947 to Mar 3, 1947
that I last saw her alive on Mar 2nd, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death

Lobar Pneumonia

Duration

Due to _____

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations 108

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 ①

23. Signature

O. A. Myers

(M. D. or other)

Address

Coldwater Mo.

Date signed _____

RECEIVED

Health Officer No. 4
File Number 642-272
Date Filed 6-2-47

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, of _____

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

Signed _____

Licensed Embalmer No. 4264

P. O. Address. Fredericktown, 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.