V. S. No. 2
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ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20680

Registration District No. 132 Primary Registration District No. 3021 Registrar's No.

1. PLACE OF DEATH:

(a) County Grundy

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

(c) Name of hospital or institution: Cullers Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy 40

(c) City or town Jamesport R. 2. 0
(If outside city or town limits, write "RURAL")

(d) Street No. Jefferson TWP. 0
(If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Robert Arch Barnett

3. (b) If veteran, name war ✓

3. (c) Social Security No. 493-22-7944

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife Alice Barnett

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased February (Month) 10 (Day) 1890 (Year)

8. AGE: Years 57 Months 2 Days 21 If less than one day ___ hr. ___ min.

9. Birthplace Laredo (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Robert Barnett
13. Birthplace Laredo (City, town, or county) Mo. O (State or foreign country)

MOTHER
14. Maiden name Mary Shaney
15. Birthplace Laredo (City, town, or county) Mo. O (State or foreign country)

16. (a) Informant Alice Barnett
(b) Address Jamesport, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May (Month) 4 (Day) 1947 (Year)
(c) Place: burial or cremation Plesant Hill

18. (a) Signature of funeral director E. J. Robertson Funeral Home
(b) Address Laredo Mo.

19. (a) 5-4-47 (Date received local registrar) (b) June Fair (Registrar's signature) 115

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 1 day 1st
year 1947 hour 8 minute P M.

21. I hereby certify that I attended the deceased from Apr. 1947 to May 1 1947;
that I last saw him alive on May 1 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Ulcerative Colitis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration 2 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

120A

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?
(Specify type of place)

While at work? (e) Means of injury O

23. Signature E J Mairs (M. D. or other)
Address Trenton Mo Date signed 5/2/47

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 John M Robertson

Licensed Embalmer No. 4388

P. O. Address Laredo 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.

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