

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 28 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15289

Registration District No. 376

Primary Registration District No. 6-2-82-4560

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Norwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At Home
(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 James Tiry Barnett

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Aniliza Barnett 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased 9 (Month) 27 (Day) 1871 (Year)

8. AGE: Years Months Days If less than one day
76 5 1 hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business Farming

12. Name John Barnett
13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Susian Cottengim
15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Phymps Barnett
(b) Address Norwood Mo. At # 1
17. (a) Burial (b) Date thereof 3-2-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pinchem Cemetery

18. (a) Signature of funeral director Thomas J. Shouldis
(b) Address Box 136, Norwood, Mo
19. (a) 4-19-48 (b) Mrs. R. Warshaw
(Date received local registrar) (Registrar's signature)
by Mrs. R. Warshaw
(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 114
(c) City or town Norwood
(If outside city or town limits, write "RURAL")
(d) Street No. R. F. D. No. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28
year 1948 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from Feb. 10
1948 to Feb. 28 1948;
that I last saw him alive on Feb. 27 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Due to Arteriosclerosis

Due to _____

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

Major findings:
Of operations G2B
Of autopsy _____

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) (c) Means of injury _____
23. Signature W. H. Hays (M. D. or other) 4/19/48
Address Norwood, Mo Date signed 1948

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

RECEIVED

District Health Officer No. 6,

District File Number 448-534

Date Filed APR 26 1948

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, XXXX

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

Signed Thos. J. Houlden

Licensed Embalmer No. 4317

P. O. Address Box 136, Norwood, 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.