

No. 2  
9-4-41  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

27008

State File No. \_\_\_\_\_

FILED SEP 11 1948

Registration District No. 206

Primary Registration District No. 5743

Registrar's No. 94

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

1. PLACE OF DEATH: MADISON

(a) County MADISON

(b) City or town ~~Rockcastle~~ RURAL

(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 \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County MADISON 62

(c) City or town RURAL (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 \_\_\_\_\_

3. (a) PRINT FULL NAME MISSOURI J BARNETT

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

4. Sex F 1 5. Color or race W 6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 3 22 1863 (Month) (Day) (Year)

8. AGE: Years 85 Months 4 Days 28 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace ROCKCASTLE KY (City, town, or county) (State or foreign country)

10. Usual occupation H WIFE

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name ANNE SEXTON

13. Birthplace ROCKCASTLE KY (City, town, or county) (State or foreign country)

14. Maiden name LIZZIE HEASL

15. Birthplace ROCKCASTLE KY (City, town, or county) (State or foreign country)

16. (a) Informant MRS J BROWN (b) Address MAYQUAND MO

17. (a) BURIAL (b) Date thereof 8-22-1948 (Month) (Day) (Year)

(c) Place: burial or cremation BUCKHORN MO

18. (a) Signature of funeral director E. Homan

(b) Address Mayquand Mo

19. (a) 8-30-1948 (b) Florence Pickel (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 28 year 1948 hour 1 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from 8-18 1948 to 8-22 1948 that I last saw her alive on 8-19 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Obstruction of bowels - Small intestine

Duration: About 4 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: Arteriosclerosis 10 yrs (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ 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) (e) Means of injury \_\_\_\_\_

23. Signature H. Harry Borman (M. D. or other) Address Independence Mo Date signed 8/24/48

6761 3-11-1948

RECEIVED

District Health Officer No. 4  
District File Number 948-1154  
Date Filed 9-9-48

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.....  
Licensed Embalmer No.....  
P. O. Address.....

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.