

FILED NOV 24 1948

Registration District No. **78**

Primary Registration District No. **3002**

Registrar's No. **167**

1. PLACE OF DEATH:

(a) County **Audrain**
(b) City or town **Mexico**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
518 South Rawlings Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
66 years (Specify whether years, months or days)
In this community **66 years**

3. (a) PRINT FULL NAME **Ida O. Barnett**

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

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **George Barnett** 6. (c) Age of husband or wife if alive **29** years (Month) **3** (Day) **29** (Year) **1882**
7. Birth date of deceased **June 29 1882**

8. AGE: Years **66** Months **4** Days **13** If less than one day hr. min.

9. Birthplace **Mexico, Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Domestic**

11. Industry or business

MOTHER FATHER { 12. Name **Perry Wright still**
13. Birthplace **Seneca** (City, town, or county) (State or foreign country)
14. Maiden name **Jane Baskett**
15. Birthplace **Callaway County Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Lucile Wright still**
(b) Address **1011 E. Lafayette Mexico**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Nov. 16, 1948** (Month) (Day) (Year)
(c) Place: burial or cremation **Mexico, Mo.**

18. (a) Signature of funeral director **J. K. Owens**
(b) Address **1017 N. Western Mexico Mo.**
19. (a) **11/16/48** (Date received local registrar) (b) **B. Steneke Neely** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Audrain** 4
(c) City or town **Mexico** 1
(If outside city or town limits, write "RURAL")
(d) Street No. **518 South Rawlings** 2
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **13** year **1948** hour **4** minute **15 A.** M.

21. I hereby certify that I attended the deceased from **11-11-1948** to **11-13-1948**,
that I last saw him alive on **11-13-1948** and that death occurred on the date and hour stated above.

Immediate cause of death **Diabetes Coma** Duration
Nephritis Left side

Due to
Due to

Other conditions (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. J. Pector** (M. D. or other)
Address **Mexico, Mo.** Date signed **11-14-48**

RECEIVED

District Health Officer No. 10

District File Number 11-48-1988

Date Filed NOV 22 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, only

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

Signed

Eli Bell

Licensed Embalmer No. 2130

P. O. Address Fulton, 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.