

No. 2
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2344

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 238

JAN 21 1943
Registration District No. 137

Primary Registration District No. 3-0235506

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

1. PLACE OF DEATH:

(a) County Henry Co

(b) City or town Clinton mo RR # 6
(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 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Henry

(c) City or town Clinton mo RR # 6
(If outside city or town limits, write "RURAL")

(d) Street No. RR # 6 (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ELIZABETH L. BARRETT

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

4. Sex FEM 5. Color or race white 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife Frank 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased mar 4 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

71 9 21 _____ hr. _____ min.

9. Birthplace Blackwater mo
(City, town, or county) (State or foreign country)

10. Usual occupation Ham work

11. Industry or business _____

12. Name Wm Harrison

13. Birthplace Don't know 9
(City, town, or county) (State or foreign country)

14. Maiden name Matilda E. Lem

15. Birthplace Don't know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Frank Sargeant

(b) Address Clinton mo RR # 6

17. (a) Burial (b) Date thereof 12-27-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director George + Beck

(b) Address Clinton mo

19. (a) Dec 27, 1942 Georgia Petcher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25 year 1942 hour 6 minutes 30 P M.

21. I hereby certify that I attended the deceased from Nov 15 1942 that I last saw her alive on 12-18 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Uraemia

Due to Cardio-vascular renal disease

Due to _____

Other conditions (Include pregnancy within 3 months of death) 12/10

Major findings: Of operations none Of autopsy none

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) Means of injury fall

23. Signature E. C. Beck (M. D. or other) MD
Address Clinton mo Date signed 12/27/42

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

RECEIVED

District Health Officer No. 71

District File Number

12-42-1443

Date Filed

1-14-43

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

J. E. Consoletti

Licensed Embalmer No.

1891

P. O. Address

Clinton, 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.