

FILED AUG 10 1944 37

Registration District No. \_\_\_\_\_

Primary Registration District No. **5505**

Registrar's No. **120**

1. PLACE OF DEATH:

(a) County **Henry**

(b) City or town **Rural Bogard Twp.**  
(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 **1**  
(Specify whether years, months or days)

In this community **60 years**  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo**

(b) County **Henry** **42**

(c) City or town **Rural** **0**  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME **Annie Barnett**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced, **Widowed**

6. (b) Name of husband or wife **William Barnett**

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

7. Birth date of deceased **June 15 1863**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>81</b>	<b>0</b>	<b>13</b>	hr. _____ min. _____

9. Birthplace **Newark Ohio**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Home**

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

MOTHER FATHER

12. Name **David Jenkins** **4**

13. Birthplace **Wales - British Isles**  
(City, town, or county) (State or foreign country)

14. Maiden name **Jane Jones**

15. Birthplace **New York**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs John Barnett**

(b) Address **Craigton Mo.**

17. (a) **Burial** (b) Date thereof **7 4 1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Blainston Mo.**

18. (a) Signature of funeral director **Robert Arnold**

(b) Address **Craigton Mo.**

19. (a) **7/10/1944** (b) **Georgia Kitchen**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **14**  
year **1944** hour **2 P.M.** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **Mar 15**, 19**44** to **July 14**, 19**44**  
that I last saw h. or alive on **June 13**, 19**44**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**

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

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

Other conditions (Include pregnancy within 3 months of death) **94a**

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 **J.W. Galbreath** (M. D. or other) \_\_\_\_\_  
Address **Trinch Mo** Date signed **7-3-44**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

4200

1069

RECEIVED

District Health Officer No. 7,

District File Number: 7-44-930

Date Filed: 8-9-44

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. 3621

P. O. Address: Creighton, 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.