

JAN 20 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

69  
~~45935~~  
Do not use this space.

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1

1. PLACE OF DEATH

(a) County Livingston Registration District No. 508  
(b) Township..... Primary Registration District No. 3026 Registered No. 170  
(c) City Chillicothe (d) Street No..... St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Arthur Thomas Barrett 630

(a) Residence, No. 1202 McNally St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 2, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
0 0 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chillicothe, Missouri

FATHER 13. NAME V. M. Barrett

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Colorado

MOTHER 15. MAIDEN NAME Margaurite Knouse

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chillicothe, Missouri

17. INFORMANT (ADDRESS) Mrs. V. M. Barrett Chillicothe, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Hutchinson DATE 1-5 1938

19. FUNERAL DIRECTOR (ADDRESS) F. B. Norman Chillicothe, Missouri

20. FILED 1-8-38 1938 David M. Thurler, Jr. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-4 1938

22. I HEREBY CERTIFY That I attended deceased from Jan 2 1938 to Jan 4 1938  
I last saw him alive on Jan 3 1938. Death is said to have occurred on the date stated above, at 8:00 a.m.  
The principal cause of death and related causes of importance were as follows:

Congenital Heart Disease  
157c  
Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify.....  
(Signed) F. B. Norman, M. D.  
(Address) Chillicothe, Mo

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, Earl Ray Norman, Licensed Embalmer No. 2374

hereby certify that the body recorded on the reverse side of this certificate was embalmed by self

L. E.

No. 2374 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*ER Norman*

Licensed Embalmer No. 2374

**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.)**