

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

19709  
 Do not use this space.

REC'D JUN 8 1938

**1. PLACE OF DEATH**

(a) County Stoddard Registration District No. 837  
 (b) Township Castor Primary Registration District No. 10044  
 (c) City Bloomfield (d) Street No. 4508 Registered No. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (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** Gussie Anna Barret

(a) Residence, No. Bloomfield, Missouri. 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 F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John A. Barret, Deceased  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 23, 1854  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
84 6 22  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 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) Hermon, Mo.  
 (STATE OR COUNTRY) Franklin Co. Mo.

FATHER 13. NAME Ernst Krech  
 14. BIRTHPLACE (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Freda Lessell  
 16. BIRTHPLACE (CITY OR TOWN) Hermon, Mo.  
 (STATE OR COUNTRY)

17. INFORMANT H. L. Flanary  
 (ADDRESS) Bloomfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Bloomfield DATE Apr. 18, 1938

19. FUNERAL DIRECTOR Chiles Und. Co.  
 (ADDRESS) Bloomfield, Mo.

20. FILED Mar 30, 1938 Dr. Elw Ford  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1938 to April 15, 1938  
 I last saw him alive on April 15, 1938 Death is said to have occurred on the date stated above, at 2:30 p.m.  
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhages Date of onset 4/13/38  
G. J. W.

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_ (Signed) John H. Flanary, M. D.  
Bloomfield, Mo.

N. B.—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.

STATEMENT BY LICENSED EMBALMER

I, Howard Cooper, Licensed Embalmer No. 3996

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

L. E.

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

working under my personal supervision.

Signed

Howard Cooper

Licensed Embalmer No. 3996

**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.)**