DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 48471 Mo

Registration District No. 318 Primary Registration District No. 5499 Registrar's No. 421 "A"

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route 4 (W Div St Rd) (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield (If outside city or town limits, write "RURAL")
(d) Street No. Route 4 (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Arther Barrett 630
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mattie Barrett
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. 16 1877 (Month) (Day) (Year)

8. AGE: Years ✓ 62 Months 6 Days 20 If less than one day hr. min.

9. Birthplace Elwood (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business On Farm
FATHER 12. Name J. L. Barrett
FATHER 13. Birthplace Walnut Grove Mo (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Margaret Binns
MOTHER 15. Birthplace Unknown Mo (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Mattie Barrett
(b) Address Route 4 City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-7-40 (Month) (Day) (Year)
(c) Place: burial or cremation Republic Mo.
18. (a) Signature of funeral director Alma Lehmeyer
(b) Address Springfield Mo.
19. (a) May 9 1940 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6, year 1940 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from April 10, 1940, to May 6, 1940, that I last saw him alive on May 5, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of prostatic urethra (primary)	10/1-39
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

51

Major findings: Of operations Epithelioma
Of autopsy

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

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature E. M. LeBerns (M.D. or other)
Address Bronaline Sta. Mo Date signed 5/7-40

(Licensed Embalmer's Statement on Reverse Side)

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.

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

Rev. 8-17-39 I X19511

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 Harlow Knabb

Licensed Embalmer No. 4065

P. O. Address Springfield 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, above space should be left blank.

X