

No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21968

State File No. _____

JUL 12 1940

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

I. PLACE OF DEATH:

(a) County, JASPER
(b) City or town, Joplin
(c) Name of hospital or institution: Darvel Hospital - D.O.
(d) Length of stay: In hospital or institution, 2 1/2 hours
In this community, 6 hours

2. USUAL RESIDENCE OF DECEASED:

(a) State, Missouri (b) County, Jasper
(c) City or town, Joplin
(d) Street No., 2204 Murphy
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME (INFANT) BARRETT 630

8. (b) If veteran, name war. _____ 8. (c) Social Security No. _____

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

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

7. Birth date of deceased, June 7 1940

8. AGE: Years _____ Months _____ Days _____ If less than one day, 6 hr. min. _____

9. Birthplace, Joplin Missouri

10. Usual occupation, Infant

11. Industry or business, 0

12. Name, Robert Barrett

13. Birthplace, Purdy Missouri

14. Maiden name, Anna Lawson

15. Birthplace, Neosho Missouri

16. (a) Informant, Robert Barrett

17. (a) Burial (b) Date thereof, June 8 1940

18. (a) Signature of funeral director, Lanahan Mortuary

19. (a) 6-8-40 (b) Ed D. Jernigan

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7th year 1940 hour 12 minute P.M.

21. I hereby certify that I attended the deceased from June 7, 1940 to June 7, 1940 that I last saw her alive on June 7, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death, Cerebral edema Duration 6 hrs

Due to, Injury at birth

Due to, Prolonged labor - 24 hrs.

Other conditions, (Include pregnancy within 3 months of death)

Major findings: Of operations, 160 B 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? _____ (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

372 While at work? _____ (e) Means of injury, _____

23. Signature, [Signature] Address, 4300 Blvd St Joplin Mo. Date signed, 6-8-40

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

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{prepared} embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Howard Farmer

Licensed Embalmer No. 4134

P. O. Address Joplin 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.