

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 9810

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital # 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Ida Barnett

3. (b) If veteran, name war No.

3. (c) Social Security No. None

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

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

7. Birth date of deceased Sept. 21 1860  
(Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Columbia Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

12. Name Johnson F. Cook

13. Birthplace Columbia Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jones

15. Birthplace Columbia Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Sam Barnett

(b) Address 3838 St. Ferdinand

17. (a) Burial (b) Date thereof 11/30/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) NDV 29 1940 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

FILED DEC 11 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 3838 St. Ferdinand  
(If rural, give location)

(c) ~~Foreign born, born in U.S.A.?~~

20. DATE OF DEATH: Month 11 day 29 year 1940 hour 7 minute 58 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

MEDICAL CERTIFICATION

Immediate cause of death \_\_\_\_\_

Due to Subar pneumonia

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

Other conditions (Include pregnancy within 3 months of death) 100

Major findings: Of operations \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature Joseph H. Hoppe (M.D. or other) \_\_\_\_\_

Address \_\_\_\_\_

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**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 *Albert G. Hoffer*.....

Licensed Embalmer No. *2991*.....

P. O. Address.....

**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.**