

S. No. 2
-11-10-39
v. 5-17-39
I X21492

Dr L.E. Cooper

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25780

FILED AUG 15 1941

Registration District No. 654

Primary Registration District No. 5873

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Cooter, Mo
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 13 Yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town Cooter. (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

8. (a) PRINT FULL NAME Lorna V. Barnett

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

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

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

7. Birth date of deceased Feb 10 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 5 1 _____ hr. _____ min.

9. Birthplace Huntington, Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business None

12. Name W.R. Leach

13. Birthplace Huntington, Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Brooks

15. Birthplace Huntington, Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Dorothy Cross

(b) Address Cooter, Mo.

17. (a) Burial (b) Date thereof 7. 12. 41.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Zion Cemetery

18. (a) Signature of funeral director J.L. German

(b) Address Steele, Mo.

19. (a) 8-7-1941 (b) Tom Briganer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
year 1941 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 10, 1941, to July 11, 1941; that I last saw her alive on July 16, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Colon.

Due to _____
Due to H62

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
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? _____ (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 P. E. Cooper (M. D. or other) P. M. A.
Address Cooter, Mo. Date signed 7-30-41

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

78
0
0

78
1
1

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

844-21

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 William C. Shelton

Licensed Embalmer No. 3929

P. O. Address Steele, 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.