

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

1. PLACE OF DEATH:

(a) County... *St. Clair*

(b) City or town... *Rural Taber Twp.*

(c) Name of hospital or institution: *9 m. S.E. of Appleton City*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... *Home*
50 yrs (Specify whether years, months or days)

In this community... *50 yrs*

2. USUAL RESIDENCE OF DECEASED:

(a) State... *Mo*

(b) County... *St. Clair*

(c) City or town... *Rural*
(If outside city or town limits, write "RURAL" and name of township)

(d) Street No... *9 M. S.E. of Appleton City, Mo.*
(If rural, give location)

(e) Citizen of foreign country? *No.* (Yes or No)

If yes, name country *USA*

3. (a) PRINT FULL NAME *MARGARET ELLA BARNETT*

(b) If veteran, name war *none*

3. (c) Social Security No. *none*

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *July* day *24*
year *1941* hour *4* minute *30 P.* M.

21. I hereby certify that I attended the deceased from *Feb 23* 19*39* to *July 24* 19*41*
that I last saw her alive on *July 24* 19*41*
and that death occurred on the date and hour stated above.

4. Sex *female*

5. Color or race *White*

6. (a) Single, widowed, married, divorced *Widowed*

6. (b) Name of husband or wife *M.A. Barnett*

6. (c) Age of husband or wife if alive years *5* years *1860*

7. Birth date of deceased (Month) *Apr* (Day) *5* (Year) *1860*

Immediate cause of death... *Myocarditis, chr.*

Duration

8. AGE: Years *81* Months *3* Days *29* If less than one day hr. min.

Due to

Due to

Other conditions *Senility*
(Include pregnancy within 3 months of death)

9. Birthplace *1 Kansas*
(City, town, or county) (State or foreign country)

10. Usual occupation *Housekeeping*

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business

12. Name *Franklin Finch*

13. Birthplace *Ohio*
(City, town, or county) (State or foreign country)

14. Maiden name *Margaret Moor*

15. Birthplace *1 Penn*
(City, town, or county) (State or foreign country)

16. (a) Informant *D. J. H. Barnett*

(b) Address *Rockwell In*

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?

17. (a) *Burial* (b) Date thereof *July 25, 41*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Appleton City, Mo*

While at work? (Specify type of place) (c) Means of injury *9 m*

18. (a) Signature of funeral director *George Lee*

(b) Address *Appleton City, Mo*

19. (a) *July 25, 1941* (Date received local registrar)

(b) *Georgia F. Davidson* (Signature of registrar)

23. Signature *W. R. Lee* (M. D. or other)

Address *Appleton City, Mo* Date signed *7-24-41*

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RECEIVED
 District Health Officer No. 7.
 District File Number PH 11226
 Date Filed 8/2/41

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 W E
sw the 24 day of July 1941, Registered Apprentice No. _____
 working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099
 P. O. Address Appleton City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.