

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

7-2  
4-41  
7-39  
X26390

FILED SEP 17 1941

State File No. \_\_\_\_\_

Registration District No. 603

Primary Registration District No. 4457

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Morehouse *Tenn.*

(c) Name of hospital or institution: \_\_\_\_\_  
*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 Iva Barnett Church

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Robert Church

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased October 3 1898  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>10</u>	<u>5</u>	hr. _____ min.

9. Birthplace Morehouse, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

MOTHER FATHER

12. Name Issac Barnett

13. Birthplace Rockport, Ind. (City, town, or county) (State or foreign country)

14. Maiden name Anna Cooley (City, town, or county) (State or foreign country)

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

16. (a) Informant Robert Church

(b) Address Cape Girardeau, Mo.

17. (a) Removal (b) Date thereof 8-9-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cape Girardeau, Mo.

18. (a) Signature of funeral director Tony Hoehler

(b) Address Cape Girardeau, Mo.

19. (a) 9-16-41 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau <sup>16</sup>

(c) City or town Cape Girardeau (If outside city or town limits, write "RURAL") <sup>17</sup>

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? ✓ (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 8  
year 1941 hour 2 minute 44 A.M.

21. I hereby certify that I attended the deceased from Aug 7 - 1941 to Aug 8 - 1941  
that I last saw her alive on Aug 7 - 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach

Duration 14

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

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

Other conditions (include pregnancy within 3 months of death) ✓

Major findings: HB

Of operations \_\_\_\_\_

Of autopsy used

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 J. P. [Signature] (M. D. or other) <sup>18</sup>

Address Cape Girardeau, Mo. Date signed 8-8-41

RECEIVED

District Health Office No.

District File Number 941-129

Date Filed 9/13/91

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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 *H. H. Walsh*

Licensed Embalmer No. 774

P. O. Address Sikeston, Mo.

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

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