No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31590

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 731

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

1. PLACE OF DEATH:

(a) County Springfield GREENE

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

(c) Name of hospital or institution:
Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 da (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Webster

(c) City or town Diggins
(If outside city or town limits write "RURAL")

(d) Street No. Unknown
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Lyle Keith Barnett

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased April (Month) 19 (Day) 1938 (Year)

8. AGE: Years 3 Months 4 Days 18 If less than one day hr. min.

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

10. Usual occupation ~~Inf~~ Child

11. Industry or business

FATHER
12. Name James Wiler Barnett
13. Birthplace Diggins (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Thet Johnson
15. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Wiler Barnett
(b) Address Diggins, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 9 1941 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Gentry Cemetery

18. (a) Signature of funeral director Kelly-Ferrell Undertaker
(b) Address Seymour Mo.

19. (a) 9-9-41 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7th year 1941 hour 8 minute 40 P.M.

21. I hereby certify that I attended the deceased from 9-6-41, 19__, to 9-7-41, 19__; that I last saw him alive on 9-7-41, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Septicemia?	3 day
Due to Impetigo	2 wk
Due to	
Other conditions Pneumonia lobar rt (Include pregnancy within 3 months of death) Peritonitis?	3 hr

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

23. Signature [illegible] (M. D. or other)
Address Springfield Mo Date signed 9-8-41

784 (Licensed Embalmer's Statement on Reverse Side)

APR 7 1942

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.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.