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

108
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1942

Registration District No. 8 [illegible]

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6162

State File No. 12258

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution State Hosp #3 Nevada Mo (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mo 7 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20 1

(c) City or town Eldorado Springs 0 (If outside city or town limits, write "RURAL")

(d) Street No. 508 N. Jackson 1 (If rural, give location)

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

3. (a) PRINT FULL NAME Ulyssis G. Barnett

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race W.

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

6. (b) Name of husband or wife Mrs. Ida Barnett

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

7. Birth date of deceased Unknown Sept (Month) 24 (Day) 1868 (Year)

8. AGE: Years 73 Months 6 Days 5 If less than one day hr. min.

9. Birthplace St. Clair Co (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Eugene Barnett
13. Birthplace Unknown (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 0 (State or foreign country)

16. (a) Informant State Hosp #3 Records

(b) Address Nevada Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof X Mar 31 1942 (Month) (Day) (Year)

(c) Place: burial or cremation X Roscoe

18. (a) Signature of funeral director X Carolyn Nafus.

(b) Address X El Dorado Spgs Mo.

19. (a) 3/29/42 (Date received local registrar) (b) Gentry Steencross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 29 year 1942 1 hour 55 minute P M.

21. I hereby certify that I attended the deceased from Jan 22, 1942 to Mar 29, 1942 that I last saw him alive on Mar 29, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia

Due to 1860

Due to 10

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) Fracture fyt femur

(b) Date of occurrence March 19 1942

(c) Where did injury occur? Nevada, State Hosp. Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? State Hosp #3 Nevada Mo (Specify type of place)

While at work? (e) Means of injury 0

23. Signature B. N. Jolly (M. D. or other) MD

Address State Hosp #3 Date signed 3/29/42

1202 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 4-42-42/
Date Filed 4-14-42

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. [redacted], working under my personal supervision.

Signed Mrs Carolyn Nafus

Licensed Embalmer No. 2635

P. O. Address 206 S Main El Dorado

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.