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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 21532

Registration District No. FILED JUN 18 1943

Primary Registration District No. 5 S 7 A

Registrar's No.

**1. PLACE OF DEATH:**

(a) County Jackson

(b) City or town Rural Blue Twns. Mabar
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5 Mi. N. Grain Valley
(If not in hospital or institution, write street number or location)

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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson

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

(d) Street No. 5 Mi. North of Grain Valley
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Hazel Fay Barnett

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Fe

5. Color or race W

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

6. (b) Name of husband or wife Hollis Barnett

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased July (Month) 29 (Day) 1905 (Year)

8. AGE: Years 37 Months 9 Days 26 If less than one day hr. min.

9. Birthplace Odessa, (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Harry D. Young
13. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Willa Crawford
15. Birthplace Lafayette Co., (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Hollis Barnett
(b) Address Grain Valley, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/43 (Month) (Day) (Year)
(c) Place: burial or cremation Odessa, Mo.

18. (a) Signature of funeral director L. A. Huswan
(b) Address Odessa, Mo.

19. (a) May 29, 1943 (Date received local registrar) (b) M. R. La Plante Dep. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 25 year 1943 hour Six minute 15 A.M.

21. I hereby certify that I attended the deceased from about April 1, 1943, to May 25, 1943, that I last saw her alive on May 25, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism

Due to

Due to 100 b

Other conditions Thrombophlebitis
(Include pregnancy within 3 months of death)
rt Femoral vein 3 weeks duration

Major findings:
Of operations

Of autopsy Mantopsy

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) no

(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 W. E. Martin Jr. (M. D. or other)

Address Odessa Mo Date signed 5/26/43

(Licensed Embalmer's Statement on Reverse Side)

## 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 Jerry L. Husman

Licensed Embalmer No. 2541

P. O. Address Odessa, 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, fact should be so stated above.**