

S. No. 2
A-9-4-41
7-5-17-39
I

Dr. Row 84474

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 187

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

373

JUL 24 1943
Registration District No. 43

Primary Registration District No. 3007

1. PLACE OF DEATH:

(a) County Butler
(b) City or town: Poplar Bluff, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 539 Lester 1st
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Butler
(c) City or town: Poplar Bluff, Mo
(If outside city or town limits, write "RURAL")
(d) Street No: 539 Lester
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME

Jesse Cross Barrett

3. (b) If veteran, name war: _____

3. (c) Social Security No. _____

4. Sex: Male 5. Color on race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mary
6. (c) Age of husband or wife if alive: 66 years
7. Birth date of deceased: July 5, 1870
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 7
If less than one day hr. _____ min. _____

9. Birthplace: Starb County, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation: Sanitar

11. Industry or business: Methodist Church

12. Name: John T. Barrett

13. Birthplace: Iowa
(City, town, or county) (State or foreign country)

14. Maiden name: Maggie Silvers

15. Birthplace: Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Mary Barrett

(b) Address: 539 Lester - Poplar Bluff, Mo

17. (a) (Burial, cremation, or removal) R. (b) Date thereof: 6-14-43
(Month) (Day) (Year)

(c) Place: burial or cremation: Woodlawn Cem - Poplar Bluff, Mo

18. (a) Signature of funeral director: Frank Cottrell Funeral Chape.

(b) Address: Poplar Bluff, Mo
19. (a) 6-17-43 (b) Belle Turner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1943 hour 7:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan 1 - 1948 to June 12 - 1949
that I last saw him alive on June 12, 1949
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion Duration 10 years

Due to: arterio sclerosis
mitral insufficiency

Due to: _____

Other conditions (Include pregnancy within 3 months of death): _____

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? _____

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

23. Signature: Allee J. Conroy (M. D. or other)
Address: Poplar Bluff, Mo Date signed: 6/16/43

RECEIVED

District Health Office No. 2,

District File Number 743-90

Date Filed 7-19-48

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.....

Scott A. Bohred

Licensed Embalmer No. 3567

P. O. Address.....

Poplar Bluff, 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.