

No. 2
M-7-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31811

Registrar's No. 510

Registration District No. 156

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days 0
(Specify whether years, months or days) 9 days

3. (a) PRINT FULL NAME Robert James Barrett

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased Aug. 26, 1943
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 9
If less than one day _____ br. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Robert J. Barrett Sr.
13. Birthplace Purdy Mo. 0
(City, town, or county) (State or foreign country)
14. Maiden name Louise Lawson
15. Birthplace Neosho Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Wing Robert J. Barrett

(b) Address 1319 Kentucky, Joplin Mo

17. (a) burial (b) Date thereof Sept. 7, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address 1502 Joplin St. Joplin Mo.

19. (a) 9-6-43 (b) Arthur Sudhoffer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 049
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 1319 Kentucky Ave 5
(If rural, give locality)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4
year 1943 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug 9 1943 to Sept 2 1943

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Atelectasis Duration _____

Due to Pneumonia

Due to _____

Other conditions (Include pregnancy within 3 months of death) 159

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) (e) Means of injury _____

23. Signature C. E. Maness (M. D. or other)

Address Neosho Mo Date signed 9-6-43

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

45-9-187

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..... *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address..... *Joplin 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.