

**FILED** AUG 18 1945

Registration District No. 72

Primary Registration District No. 5289

Registrar's No. 65

1. PLACE OF DEATH:

(a) County CLAY *Rural Gallatin*  
 (b) City or town LIBERTY, MO. *R.F.D. 2 TW*  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: HOME  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 (Specify whether  
 In this community.....  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County CLAY *24*  
 (c) City or town LIBERTY, MO. *Rural*  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3 MILES N.E. of NASHUA, MO.  
 (If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME GEORGE WASHINGTON 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 MARRIED

6. (b) Name of husband or wife SUSANNAH (c) Age of husband or wife if alive 67 years

7. Birth date of deceased AUG. 22, 1872  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	II	20	hr. min.

9. Birthplace KINGSPORT, TENN.  
 (City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business GENERAL

12. Name SAMUEL BARRETT

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

14. Maiden name NARCISSIS ARNOLD

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

16. (a) Informant MRS. GEO. W. BARRETT

(b) Address LIBERTY, MO. R.F.D. #2

17. (a) BURIAL (b) Date thereof 8/13/45  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MUSCOTAH, KAN.

18. (a) Signature of funeral director McCombs Funeral Home  
 (b) Address Smithville, Mo.

19. (a) Aug 12-1945 (b) Paul N Henry  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day II  
 year 1945 hour 6:15 minute D. M.

21. I hereby certify that I attended the deceased from Aug 5, 1945, to Aug 11, 1945  
 that I last saw him alive on Aug 11, 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation of Heart

Due to Myocardial Fibrosis

Due to General Atherosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 97

Of autopsy.....

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 Raymond Malley (M. D. or other) M.D.  
 Address Liberty Mo Date signed 8-12-45

Duration  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8

District File Number

Date Filed

8-16-45

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..... *S. A. McComas*.....  
Licensed Embalmer No. *2303*.....  
P. O. Address..... *Smithville, 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.