No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 21 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14826

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 3873

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Homer G Phillips Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether years, months or days)

In this community 40 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 2944 Lawton (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Maggie Barnett

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife dead

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

7. Birth date of deceased 10 – 26 – 1876 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	5	14	hr. min.

9. Birthplace Russellville, Kentucky (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business At Home

FATHER
12. Name Martnore McKelley
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jane Taylor
15. Birthplace Kansas (City, town, or county) (State or foreign country)

16. (a) Informant Prince McKelley
(b) Address 4518 Newberry Terrace

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/14/47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director C.W.Roberts
(b) Address 1416 N.Taylor Ave.

19. (a) APR 17 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10 year 1947 hour 1 minute 35 P M.

21. I hereby certify that I attended the deceased from 4-2, 1947 to 4-10, 1947 that I last saw her alive on April 10, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Senile Psychosis	Undet.
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work (e) Means of injury

23. Signature H. J. Ervin (M. D. or other)
Address 2601 N Whittier Date signed 4/11/47

Jefferson City Printing Co. (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 Fulton E Culkin

Licensed Embalmer No. 698

P. O. Address St Louis 13 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.