

FILED SEP 10 1947

Registration District No. 297

Primary Registration District No. 5992

Registrar's No. 78

1. PLACE OF DEATH:

(a) County PUTNAM
(b) City or town RURAL LINCOLN TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community LIFE TIME years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PUTNAM 86
(c) City or town RURAL MENDOTA 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME MARTHA JANE BARNETT

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife WILLIAM C BARNETT 6. (c) Age of husband or wife if alive years 31 1857 (Day) (Year)

8. AGE: Years 90 Months 2 Days 21 If less than one day hr. min.

9. Birthplace PUTNAM COUNTY MISSOURI (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business HOUSEHOLD

MOTHER FATHER { 12. Name GEORGE MALEY MCHENRY
13. Birthplace OHIO (City, town, or county) (State or foreign country)
14. Maiden name NANCY CASTER
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Julia C. Barnett

(b) Address Mendota, Mo.

17. (a) BURIAL (b) Date thereof AUG. 24 1947 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MENDOTA CEMETERY

18. (a) Signature of funeral director COMSTOCK FUNERAL HOME

(b) Address UNIONVILLE MO. B. J. W. Dunbar

19. (a) 29-3 29-47 (Date received local registrar) (b) Marshall Dunbar (Registrar's signature) State

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 22 year 1947 hour 6 minute 20 A. M.

21. I hereby certify that I attended the deceased from June 1, 1947 to Aug 22, 1947 that I last saw her alive on Aug 22, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Arthritis and myocarditis
Due to Cancer unknown

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93K

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 2

23. Signature W. M. Donald (M. D. or other) 19-2

Address Unionville Mo Date signed 8-21-47

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. 10
District File Number 9-47-1217
Date Filed SEP - 9 1947

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 James W. Constock
Licensed Embalmer No. 4197
P. O. Address Unionville, 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.