No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29653
Registrar's No. 3527

FILED SEP 13 1948

Registration District No. 949

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Children's Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 48 days (Specify whether
In this community 48 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Arkansaw (b) County Scott. 999
(c) City or town Waldron 3
(If outside city or town limits, write "RURAL") 0
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Maryetta Johnice Barnett
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex F 1
5. Color or race W.
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 October (Month) 25 (Day) 1947 (Year)

8. AGE: Years | Months 10 | Days 34 | If less than one day hr. min.

9. Birthplace Batesville (City, town, or county) Arkansaw (State or foreign country)
10. Usual occupation infant.
11. Industry or business
FATHER
12. Name Rev. Herbert Burr Barnett 0
13. Birthplace Humansville, Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Nellie Geraldine Henthorne
15. Birthplace Osawatomie, Kansas (City, town, or county) (State or foreign country)
16. (a) Informant Father Herbert Barnett
(b) Address Waldron, Arkansaw
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-29-48 (Month) (Day) (Year)
(c) Place: burial or cremation Odessa, Mo.
18. (a) Signature of funeral director ~~Odessa Funeral~~ Home
(b) Address Odessa, Mo. Blaine Home
19. (a) 8-29-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29
year 1948 hour 2 minute 30 A.M.
21. I hereby certify that I attended the deceased from July 10, 1948, to Aug 29, 1948,
that I last saw her alive on Aug 29, 1948,
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pertusis	
Due to Acute Yellow Atrophy	
~~Due to~~ of liver	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Same	

1250

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 0
23. Signature C. H. Chmiel (M. D. or ~~other~~)
Address Mercy Hospital Date signed
Pathologist 29 August 1948

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.