

REC'D NOV 10 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35984
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
(b) Township Salina Primary Registration District No. 2002 Registered No. _____
(c) City Joplin, Mo. (d) Street No. Freeman Hospital St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles Barnard

(a) Residence, No. 1024 Central St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wabelle Barnard
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19, 1878
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 5 14
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salaman
9. Industry or business in which work was done, as saw mill, bank, etc. Chk. Tire & Supply
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beaver Dam, Ky

FATHER
13. NAME Charles Barnard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beaver Dam, Ky

MOTHER
15. MAIDEN NAME Jane Ross
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beaver Dam, Ky

17. INFORMANT Mrs. Barnard
(ADDRESS) 1024 Central

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ozark Mem. DATE Oct. 7 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hornhill - Dillon
Joplin

20. FILED 10-8-38 1938 E. D. James
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-5-1938

22. I HEREBY CERTIFY, That I attended deceased from 9-29-1938 to 10-5-1938
I last saw him alive on 10-5-1938. *Death is said to have occurred on the date stated above, at 9:20 A.M.
The principal cause of death and related causes of importance were as follows:

Appendicitis Date of onset 9-29-38
Peritonitis 10 9-29-38

Other contributory causes of importance: _____

Name of operation Appendectomy Date of 9-29-38
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) J. D. James, M. D.

(Address) Joplin, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 6-38-516

Date Filed NOV 7 1938

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,

David Dillon

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

David Dillon

Licensed Embalmer No. 3898

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, above space should be left blank.