

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

**25356**  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Chariton Registration District No. 176  
 (b) Township Gunnins Run Primary Registration District No. 4105 Registered No. 7  
 (c) City Sumner (d) Street No. \_\_\_\_\_ 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 28 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

Kissiah Barnhart 656  
 (a) Residence, No. Sumner Mo 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
Widowed

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
Vol Barnhart

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 31th 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
88 5 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chariton Iowa

FATHER 13. NAME Zion Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER 15. MAIDEN NAME Francis Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Mrs A. Stobaugh  
Sumner Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sumner DATE July 8, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) S.L. Leopard  
Menuon Mo.

20. FILED July 8 1939 Pearl Stevens  
 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6th. 1939

22. I HEREBY CERTIFY, That I attended deceased from 1936 to July 6, 1939  
 I last saw her alive on July 5, 1939. Death is said to have occurred on the date stated above, at 3 P.M.  
 The principal cause of death and related causes of importance were as follows:

Senile changes  
Patience with advanced  
renal insufficiency due  
to probable carcinoma  
of the stomach  
 Date of onset 1937

Other contributory causes of importance:  
52

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

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. W. Hardy, M. D.

(Address) Sumner Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 3 1944

RECEIVED  
District Health Officer No. 8,  
District File Number  
874139  
Date Filed

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 *A. A. Leopold*

Licensed Embalmer No. *3970*

P. O. Address *Mendon 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.