

RECEIVED NOV 24 1939

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

36635
Do not use this space.

1. PLACE OF DEATH

(a) County maries
(b) Township Boone
(c) City Boone

Registration District No. 543
Primary Registration District No. 5743

Registered No. 9

(d) Street No. 2
(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 60 yrs. X mos. 7 ds. (f) How long in U. S., if of foreign birth? X yrs. X mos. X ds.

2. PRINT FULL NAME

(a) Residence, No. 656 Abraham Madison Barnhart
(Usual place of abode, if no street address, write county or city) St. Boone (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rhoda Barnhart
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28, 1849
7. AGE YEARS 90 MONTHS 2 DAYS 20 If LESS than 1 day, X hrs. or X min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1929
11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage County Missouri

13. NAME Rose Barnhart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Katherine Babb
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) John M. Barnhart
Jefferson City, Mo

18. BURIAL, CREMATION OR REMOVAL PLACE Stokes Cemetery DATE Oct 10, 1939

19. FUNERAL DIRECTOR (ADDRESS) H. H. Strop
meta Mo

20. FILED Oct 18, 1939 Miss Rosa Lawson
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1938, to September 15, 1939
I last saw him alive on Sept. 15, 1939. Death is said to have occurred on the date stated above, at 6:50 a. m.
The principal cause of death and related causes of importance were as follows:

Chronic interstitial nephritis Date of onset 1936
Chronic myocarditis

Other contributory causes of importance: 131

Name of operation X Date of X
What test confirmed diagnosis? Amidgrio Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury X, 1939
Where did injury occur? X (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify X Donley Gates, M. D.
(Signed) Donley Gates (Address) Brinklow, Mo.

WHITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
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.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____, L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)