

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 15 1940

Registration District No. 561

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4330

State File No. 44044

Registrar's No. 86

1. PLACE OF DEATH: MILLER 1
(a) County MILLER
(b) City or town ELDON MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: WEAVER
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 HRS (Specify whether
In this community YEARS 4 (Specify whether years, months or days)

3. (a) PRINT FULL NAME: GEO. EARLEST BARNARD
(b) If veteran, name war NONE
(c) Social Security No.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, or married MARIED
(b) Name of husband or wife: ANNIE BARNARD
(c) Age of husband or wife if alive 67 years
7. Birth date of deceased August 20 1875
(Month) (Day) (Year)

8. AGE: Years 64 Months 4 Days 4 If less than one day hr. min.

9. Birthplace: X Ohio (City, town, or county) (State or foreign country)

10. Usual occupation: FARMER

11. Industry or business: FARMING

12. Name: CYRUS BARNARD

13. Birthplace: Ohio (City, town, or county) (State or foreign country)

14. Maiden name: KERRY M. KIRKELL (City, town, or county) (State or foreign country)

15. Birthplace: IRELAND (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Logan Barnard

(b) Address: RURAL SPRINGS MO

17. (a) BURIAL (b) Date thereof 12-26-39 (Month) (Day) (Year)

(c) Place: burial or cremation: DOOLEY CEM. MILLER MO

18. (a) Signature of funeral director: Keith M. Hayes

(b) Address: Eldon Mo

19. (a) 12-26-1939 (b) Belle Haynes (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1 MILLER
(a) State MISSOURI (b) County MILLER
(c) City or town (AURORA SPRINGS) Rural
(If outside city or town limits, write "RURAL")
(d) Street No. E Eldon Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? native years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 24
year 1939 hour 2 minute P M.

21. I hereby certify that I attended the deceased from 1938 - 21 1939, to 1939, 24 1939.
that I last saw him alive on 1939, 24 1939.
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Embolism Duration 2 or 3 min.

Due to: Post Operative - for 3 days
Strangulated Left Inguinal Hernia

Due to: Hernia Irreducible 8 yrs

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Blood in Normal Saline
Of operations: Mottled Purple color
Of autopsy: none

PHYSICIAN
Underline the cause to 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?

While at work? (Specify type of place) (e) Means of injury

23. Signature: E. L. Shelton (M. D. or other)

Address: Eldon Mo Date signed: 12-26-39

Case No. 39-145

Date 1-12-40

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

Keith M. Kays

Licensed Embalmer No.

3998

P. O. Address

Eldon 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.