

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

44509
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Francois 2 Registration District No. 773
 (b) Township Pindleton Primary Registration District No. 6023
 or Doctum
 (c) City Doctum (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Theodore R. Barnhouse

(a) Residence, No. _____ 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 OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rose Lee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5 1906

7. AGE YEARS 33 MONTHS April 5 DAYS 14 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. St. Joseph Lead
 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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doctum Mo.

FATHER 13. NAME David L. Barnhouse
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Amanda Jane Hamilton
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Nancy Howe
 (ADDRESS) Doctum

18. BURIAL, CREMATION, OR REMOVAL Doctum DATE Dec 21 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. J. Robinson
Christine

20. FILED Dec 21 1939 B. J. Robinson
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 11 1939 to Dec 19 1939
 I last saw him alive on Dec 19 1939 Death is said to have occurred on the date stated above, at 3:57 p.m.
 The principal cause of death and related causes of importance were as follows:

Laber Pneumonia

Other contributory causes of importance:

Influenza

Name of operation None Date of _____
 What test confirmed diagnosis Chemical Was there an autopsy no

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? _____
 If so, specify R. Applebury, M. D.
 (Signed) J. Armstrong
 (Address) _____

MARGIN RESERVED FOR BINDING
 WRITE 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 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, above space should be left blank.