

33 1940

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

12785
Do not use this space.

1. PLACE OF DEATH

(a) County Wentz Registration District No. 903
(b) Township Wentz Primary Registration District No. 6014 4544
(c) City Alle Tale (d) Street No. 20 Registered 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 WILLIAM JASPER BARNHART

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write, the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Melilah Barnhart
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/25, 1880
7. AGE YEARS 60 MONTHS 0 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Day Laborer
9. Industry or business in which work was done, as saw mill, bank, etc. operated mill exp.
10. Date deceased last worked at this occupation (month and year) July 1, 1939 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lea, Iowa

13. NAME Moah Barnhart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wentz, Iowa

15. MAIDEN NAME Wentz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wentz, Iowa

17. INFORMANT (ADDRESS) Henry Barnhart, Alle Tale, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE West Cemetery DATE 3/13, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Arch. C. Tompfee, Wentz, Mo.

20. FILED Apr 10, 1940 Clifford Kees Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-12, 1940
22. I HEREBY CERTIFY, That I attended deceased from 2-1, 1940, to 3-12, 1940
I last saw him alive on 3-11, 1940. Death is said to have occurred on the date stated above, at 7:30 pm.
The principal cause of death and related causes of importance were as follows:

Cerebrum Lesion
Date of onset 11-29
Other contributory causes of importance: 4 1/2

Name of operation None Date of _____
What test confirmed diagnosis? Spinal fluid 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? No
If so, specify _____
(Signed) W. J. Bass I, M. D.
(Address) Wentz, Mo.

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 A. C. Dunfee
Licensed Embalmer No. 3252
P. O. Address Grant City, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12785-

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 903

Primary Registration District No. 4244

Registrar's No.

1. PLACE OF DEATH:

(a) County. Worth
(b) City or town. Allendale
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether

In this community. years, months or days)

3. (a) PRINT FULL NAME Wm J. Barnhart

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex. M 5. Color or race. W 6. (a) Single, widowed, married, divorced. M

6. (b) Name of husband or wife. 6. (c) Age of husband, or wife, if

7. Birth date of deceased. Mar 25 - 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one year
59 9 17 hr. min.

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

10. Usual occupation.

11. Industry or business.

MOTHER FATHER { 12. Name.

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

14. Maiden name. (City, town, or county) (State or foreign country)

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

16. (a) Informant.

(b) Address.

17. (a) (Burial, cremation, or removal) (b) Date thereof. (Month) (Day) (Year)

(c) Place: burial or cremation.

18. (a) Signature of funeral director.

(b) Address.

19. (a) Apr 10, 1940 (b) Clifford Hars
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Worth

(c) City or town. Allendale
(If outside city or town limits write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

19. DATE OF DEATH. Month 3 day 12
year 1940 hour. minute. M.

21. I hereby certify that I attended the deceased from 19. to 19.

that I last saw him alive on 19.

and that death occurred on the date and hour stated above.

Immediate cause of death

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

(Specify type of place)

(r) Means of injury.

23. Signature P. G. Ross (M. D. or other)

Address Grand City Mo Date signed

SUPPLEMENTAL COPY

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

S-12785