

Registration District No. 147

Primary Registration District No. 5211

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Rural - Everett
(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 all life years, months or days

8. (a) PRINT FULL NAME Reuben Anderson Barnard

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

6. (b) Name of husband or wife Jessie M. Barnard 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased 11-2-1856
(Month) (Day) (Year)

8. AGE: Years 83 Months 8 Days 17 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name James Barnard

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

14. Maiden name Martha Hisey

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

16. (a) Informant Mrs Jessie Barnard

(b) Address Archie, Mo.

17. (a) Burial (b) Date thereof 7-21-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Everett

18. (a) Signature of funeral director Atkinson Bros.

(b) Address Archie, Mo.

19. (a) 7-24-40 (b) Mrs. Dora Adair
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cass
(c) City or town Rural Everett
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 19 day July
year 1940 hour 11:20 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from April 20 1940 to July 19 1940
that I last saw him alive on July 15 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to Chronic Nephritis
Myocardial insufficiency

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? 140

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

23. Signature Boyd O. Haterell (M. D. or other) _____

Address Drew, Mo. Date signed July 20 40

Duration

4 days

Duration

20 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

Sept Johnson

Licensed Embalmer No. *3920*

P. O. Address

Harrisville

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.