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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 25231

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 627

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

**1. PLACE OF DEATH:**

(a) County Greene

(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 537 E. Elm 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 14 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Greene

(c) City or town Springfield (If outside city or town limits, write "RURAL")

(d) Street No. 537 E. Elm (If rural, give location)

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

3. (a) PRINT FULL NAME VICTOR BARNETT 653

3. (b) If veteran, name war NO.

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Della Barnett

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased December (Month) 31 (Day) 1876 (Year)

8. AGE: Years 63 Months 6 Days 26 If less than one day ____ hr. ____ min.

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

10. Usual occupation Custodian

11. Industry or business Y. M. C. A.

FATHER 12. Name Dallas Barnett

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

MOTHER 14. Maiden name Tennessee Gunter

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

16. (a) Informant Mrs. Della Barnett

(b) Address 537 E. Elm Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Bolivar Mo.

18. (a) Signature of funeral director H. C. Thieme

(b) Address Springfield Mo.

19. (a) July 29, 1940 (Date received local registrar) W. E. Hardley M.D. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 27 year 1940 hour 10:15 minute A.M.

21. I hereby certify that I attended the deceased from July 26, 1940, to July 27, 1940 that I last saw h. alive on July 27, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Arterial Hypertension

Due to

Other conditions (Include pregnancy within 3 months of death) G.J.P.

Major findings: Of operations

Of autopsy NO.

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Ronald F. Elkins (M. D. or other) M.D.

Address Springfield Mo. Date signed 7-22-40

(Licensed Embalmer's Statement on Reverse Side)

## 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. 3681

P. O. Address Springfield Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**