

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.

1. PLACE OF DEATH:  
 (a) County Marion  
 (b) City or town Fannibal  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Elizabeth  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3<sup>rd</sup> day  
 (Specify whether  
 In this community  
 years, months or days) 1 1/2

3. (a) PRINT FULL NAME OSCAR HARDY BARNETT  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_  
 4. Sex male  
 5. Color or race white  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased 2-19-1862  
 (Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 22  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
 9. Birthplace Marion Co., Missouri  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Farmer

MOTHER FATHER  
 11. Industry or business \_\_\_\_\_  
 12. Name William H. Barnett  
 13. Birthplace Missouri  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Martha Ann Rogers  
 15. Birthplace Missouri  
 (City, town, or county) (State or foreign country)  
 16. (a) Informant's own signature Miss Mae Rogers  
 (b) Address Memorie City Mo. R.R. 4  
 17. (a) Burial (b) Date thereof 8-14-1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Andrew Chapel  
 18. (a) Signature of funeral director B. M. Allen  
 (b) Address Philadelphia Missouri  
 19. (a) Aug 15 1940 (b) W. J. Fisher  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town Rural  
 (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 Aug day 12  
 year 1940 hour 4 minute 20 p. M.  
 21. I hereby certify that I attended the deceased from Aug. 8<sup>th</sup> 1940 to Aug 12 1940  
 that I last saw him alive on Aug 12 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Acidosis  
 Due to Central Nervous Lesion  
 Due to Paralysis - Rt arm + leg  
Ang Throat  
 Other conditions (Include pregnancy within 3 months of death) None  
 Major findings: Of operations None  
 Of autopsy None

Duration  
2 Day  
3 wks  
3 wks  
 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? None  
 (Specify type of place) \_\_\_\_\_  
 (e) Means of injury \_\_\_\_\_  
 23. Signature J. P. Sulzmaier (M. D. or other) M. D.  
 Address Fannibal Mo Date signed 9/12/40

*Irwin*  
*John D.*

*Miss [unclear]*

*[Faint illegible text]*

*[Faint illegible text]*

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**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 *B. M. Allen 2437*

Licensed Embalmer No. ....

P. O. Address *Philadelphia*

**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.**