

Registration District No. 896Primary Registration District No. 4242Registrar's No. 31

## 1. PLACE OF DEATH:

(a) County Webster  
 (b) City or town Marshfield  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
x  
 (If not in hospital or institution, write street number or location) 2  
 (d) Length of stay: In hospital or institution x (Specify whether  
 In this community life  
 years, months or days)

## 3. (a) PRINT FULL NAME

Infant Barnhart 6563. (b) If veteran,  
name war x3. (c) Social Security  
No. x

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married,  
divorced Single  
 6. (b) Name of husband or wife x  
 6. (c) Age of husband or wife if  
alive x years  
 7. Birth date of deceased July 5 - 1940  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
x x x 12 hr. x min.

9. Birthplace Marshfield Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Infant11. Industry or business x

MOTHER FATHER  
 12. Name Francis Clifford Barnhart  
 13. Birthplace Pittsburg - Kansas  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Hazel Caughran  
 15. Birthplace Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Emuel Barnhart(b) Address Marshfield17. (a) Burial (b) Date thereof July-6-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Welp18. (a) Signature of funeral director Emuel Barnhart acting(b) Address Marshfield Missouri19. (a) Aug 14-40 (b) Elyse Ruff  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster  
 (c) City or town Marshfield  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. x (If rural, give location)  
 (e) If foreign born, how long in U. S. A. x years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5  
year 1940 hour 9:00 minute p. M.21. I hereby certify that I attended the deceased from July 5  
1940, to July 5 1940  
that I last saw him alive on July 5 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death

Prematurity

Duration

11 1/2 hrsDue to Premature Birth at  
6 1/2 months gestation  
Due to UnknownOther conditions  
(Include pregnancy within 3 months of death)159Major findings:  
Of operations

Of autopsy

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?  
824

23. Signature C. P. Macdonald (M. D. or other) M.D.  
Address Marshfield Date signed 7/8/40

RECEIVED

District Health Officer No. 6;

District File Number 940-2597

Date Filed SEP 13 1944

---

---

**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.**