

Registration District No. 897

Primary Registration District No. 3018

Registrar's No.

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Clinton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Community Clinic Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Dead when brought  
(Specify whether in hospital or institution)  
In this community 17 yr  
years, months or days

3. (a) PRINT FULL NAME Lois Dean Barnhart

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

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

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased June 4 1923  
(Month) (Day) (Year)

8. AGE: Years 17 Months 4 Days 17 If less than one day hr. min.

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

10. Usual occupation Farmerette

11. Industry or business Farmerette

12. Name Lois C Barnhart

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

14. Maiden name Edna Blanton

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

16. (a) Informant Lois C Barnhart

(b) Address Clinton MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 23 1940  
(Month) (Day) (Year)

(c) Place: burial or cremation Spilch Cemetery

18. (a) Signature of funeral director J. C. Wilkerson

(b) Address Clinton MO

19. (a) Nov-2-1940 (Date received local registrar) (b) J. R. Hampton (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry  
(c) City or town Clinton Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7 1/2 S E of Clinton  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? 17 yr years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 21  
year 1940 hour 2 minute 00 P. M.

21. I hereby certify that viewed the deceased from front  
dead body to Oct 22 1940  
that I last saw her alive on Oct 22 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Skull fracture + fractured cervical vertebrae  
due to fall on back  
Due to ✓

Due to ✓

Other conditions 112 1/2 40  
(Include pregnancy within 3 months of death)

Major findings: none

Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following: Headed

(a) Accident, suicide, or homicide (specify) Headed

(b) Date of occurrence Oct 21 1940

(c) Where did injury occur? near Benton Hwy (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

3/2 yes On farm (Specify type of place)

While at work? no Means of injury House fell on

23. Signature S. B. Hughes (M. D. or other) MD

Address Clinton, MO Date signed Oct 22/40

RECEIVED

District Health Officer No. 7,  
District File Number 11-40-1643  
Date Filed 11-14-40

**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. 2478

P. O. Address Cheney

**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.**