

Registration District No. 449

Primary Registration District No. 4767

Registrar's No. _____

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME JOHN E BARNETT

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife ANNA DAVIS 6. (c) Age of husband or wife if alive 75 years
 7. Birth date of deceased MAR 18 1906
(Month) (Day) (Year)

8. AGE: Years 84 Months 8 Days 6 If less than one day
 hr. _____ min. _____

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

10. Usual occupation RETIRED FARMER

11. Industry or business _____

MOTHER FATHER
 { 12. Name EWIN BARNETT
 13. Birthplace KY
(City, town, or county) (State or foreign country)
 14. Maiden name JANE NORTH
 15. Birthplace Pa.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature E H Barnett
 (b) Address LEBANON MO

17. (a) BURIAL (b) Date thereof 11. 26. 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LEBANON MO

18. (a) Signature of funeral director PALMER'S
 (b) Address LEBANON MO

19. (a) 11. 27. 40 (b) J. M. McComb
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County LACLEDE
 (c) City or town LEBANON
(If outside city or town limits, write "RURAL")
 (d) Street No. 319 N. ADAMS
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24
 year 1940 hour 10 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him alive on Nov. 24 - 1940, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
 Due to myocarditis

Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 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 J. J. Demage (M. D. or other) _____
 Address Lebanon Mo Date signed 11/26/40

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

Rev. 5-17-39 I 119511

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.

DEC 14 1940

RECEIVED

District Health Officer No. 7,

District File Number 12-40-1768

Date Filed 12-12-40

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 R. Palmer.....

Licensed Embalmer No. 1161.....

P. O. Address Lebanon Mo......

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.