

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.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

43162  
Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 543  
(b) Township Boone Primary Registration District No. 5743 Registered No. 1  
(c) City Boone (d) Street No. 0 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(e) Length of residence in city or town where death occurred 17 yrs. 8 mos. 24 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

George Pinkney Barnhart  
(a) Residence, No. Marion Co. Mo. R.R. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lou Barnhart  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-27-1861  
7. AGE YEARS 79 MONTHS 8 DAYS 24 If LESS than 1 day, hrs. or min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Missour.  
13. NAME Marion Barnhart  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tenn.  
15. MAIDEN NAME UNKNOWN  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN  
17. INFORMANT (ADDRESS) Mrs Lou Barnhart Meta-Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Bedleton DATE 12/22 19 40  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred H. Gildert Dixon-Mo.  
20. FILED Jan 11, 1941 Rosa Johnson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 21, 1940  
22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1940 to Dec 20, 1940  
I last saw him alive on Dec 20, 1940 Death is said to have occurred on the date stated above, at m.  
The principal cause of death and related causes of importance were as follows:  
Cerebral embolism 11/17/40  
Date of onset 11/17/40  
Other contributory causes of importance:  
Name of operation ✓ Date of ✓  
What test confirmed diagnosis? ✓ Was there an autopsy? No  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ✓ Date of injury 11/17/40  
Where did injury occur? ✓ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury ✓  
Nature of injury ✓  
24. Was disease or injury in any way related to occupation of deceased? ✓  
If so, specify ✓  
(Signed) Donley Gates M. D.  
(Address) Brinktown, Mo.

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, .....

*Dec - 21 - 1940*

, or by .....

Registered Apprentice No. *K* ....., working under my personal supervision.

Signed.....

*Fred H. Gilbert*

Licensed Embalmer No. *2341*

P. O. Address *Aixon 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.**