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40  
39  
23153

Registration District No. 318

Primary Registration District No. 5440

Registrar's No. 2

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Route 7  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Roscoe Barnhart

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Single

6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased February 15, 1915  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>✓ 25</u>	<u>10</u>	<u>16</u>	hr. _____ min. _____

9. Birthplace Greene County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business On Farm

MOTHER FATHER {

12. Name John Barnhart

13. Birthplace Seymour, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Candle Points

15. Birthplace Crane, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. John Barnhart

(b) Address Route 7, City

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof 1-3-41  
(Month) (Day) (Year)

(c) Place: burial or cremation Crane, Mo.

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 1-3-41  
(Date received local registrar)

(b) W. E. Handley, Jr.  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield  
(If outside city or town limits, write "RURAL")

(d) Street No. Route 7  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1  
year 1941 hour 10 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Dec 23  
1940 to Jan 1, 1941  
that I last saw him alive on Jan 1, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to Influenza

Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: None made

Of operations \_\_\_\_\_

Of autopsy None made

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? Yes

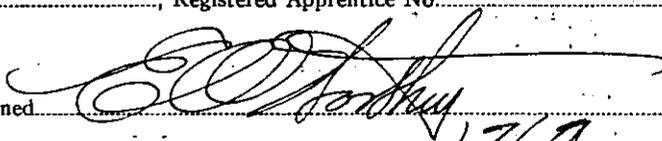
23. Signature W. S. Bruton (M. D. or other) M.D.  
Address Springfield mo Date signed 1/2/41

**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. 767

P. O. Address Springfield

**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, fact should be so stated above.