

JAN 20 1941
Registration District No. 5-7-5-6 45 75

Primary Registration District No. 5-7-5-6 45 75 Registrar's No. 2

1. PLACE OF DEATH:

(a) County MILLER
(b) City or town Aurora Springs Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home in Aurora Springs Mo.
(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) years

8. (a) PRINT FULL NAME Edward F. Barnard

8. (b) If veteran, name war Spanish Amr. 8. (c) Social Security No. No

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Carnie C Barnard 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Jan 26 1873
(Month) (Day) (Year)

8. AGE: Years 66 Months 11 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Unknown, Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Railroad work

11. Industry or business Railroad

12. Name Silas Barnard
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Barnard
(b) Address Aurora Springs Mo.
17. (a) Burial (b) Date thereof Jan 4 '41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Dodley Cemetery

18. (a) Signature of funeral director Edson M. Haynes
(b) Address Edson Mo
19. (a) Jan 3-1941 (b) Belle Haynes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County MILLER
(c) City or town Aurora Springs (Edson)
(If outside city or town limits, write "RURAL")
(d) Street No. L (If rural, give location) 0
(e) If foreign born, how long in U. S. A? native 66 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22
year 1941 hour 12 minute 20 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to Jan 2, 1941

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis?
Investigated by
Due to Coronary

Due to _____
Other conditions (Include pregnancy within 3 months of death) 94 N

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? 4 15

(Specify type of place) _____
While at work _____ (e) Means of injury _____
23. Signature Edson M. Haynes (M. D. Coroner)
Address Edson Mo Date signed 1/16/41

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

Keith M. Faye

Licensed Embalmer No.

3998

P. O. Address

Edon 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 3434

Registration District No. 561

Primary Registration District No. 45755

Registrar's No. _____

1. PLACE OF DEATH

(a) County Miller
(b) City or town Aurora Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(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 Edw F Barnard

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year(s)

7. Birth date of deceased Jan 24, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 11 6 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Jan 3-41 (b) Belle Haynes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____ (If rural, give location)

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

20. DATE OF DEATH Month Jan day 2

year 1918 hour _____ minute _____ M.

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

Immediate cause of death _____

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature G. D. Walker (M. D. or other) _____

Address Elton Mo. Date signed _____

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

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

