

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 4547

Registration District No. 825 Primary Registration District No. 10085 Registrar's No.

1. PLACE OF DEATH:

(a) County: Shannon  
(b) City or town: Monteer Mo.  
(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 24 years (Specify whether years, months or days)  
In this community: 24 years

3. (a) PRINT FULL NAME: Mary A Barnits

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

4. Sex: Male, race: W, 5. Color or: W, 6. (a) Single, widowed, married: Widowed, 6. (b) Name of husband or wife: Leir Barnits, 6. (c) Age of husband or wife if alive: 26 years, 7. Birth date of deceased: Nov 26 1857 (Month) (Day) (Year)

8. AGE: Years: 83, Months: 2, Days: 3, If less than one day: hr. min.

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

10. Usual occupation:

11. Industry or business:

12. Name: William Witham

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

14. Maiden name: Marie Grest

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

16. (a) Informant: Leir Barnits

(b) Address: Monteer Mo.

17. (a) Burial (b) Date thereof: Jan 29 - 41 (Month) (Day) (Year)

(c) Place: burial or cremation: Monteer Mo.

18. (a) Signature of informant: Frank J. Davis

(b) Address: Birch Tree Mo.

19. (a) 1-30-41 (b) Frank Hyde M. D. (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Shannon  
(c) City or town: Monteer Mo.  
(d) Street No.: Rural  
(e) If foreign born, how long in U. S. A? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan day: 29 year: 1941 hour: 4 minute: 15 P.M.

21. I hereby certify that I attended the deceased from Jan 21, 1941, to Jan 29, 1941; that I last saw her alive on Jan 22, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture of femur  
Due to: Fall

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: 1/30

(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? at home Monteer Shannon Mo

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

7467

23. Signature: R. J. Davis (M. D. or other)

Address: Birch Tree Mo Date signed: 1/30

1862  
18  
RECEIVED

District Health Officer No. 5,

District File Number 241276

Date Filed \_\_\_\_\_

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 \_\_\_\_\_

working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed \_\_\_\_\_

Licensed Embalmer No. 2516

P. O. Address \_\_\_\_\_

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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. *4547*

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. *825*

Primary Registration District No. *6085*

Registrar's No. ....

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

1. PLACE OF DEATH:

- (a) County *Shannon*  
(b) City or town *mt. 7.8*  
(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 *Mary a Barnts*

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 *wid*  
6. (b) Name of husband or wife..... 6. (c) Age of husband, or wife, if alive..... years  
7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE: Years *83* Months *2* Days *3* If less than one day 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) (Burial, cremation, or removal) (b) Date thereof..... (Month) (Day) (Year)

- (c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

- (b) Address.....

19. (a) (Date received local registrar) (b) (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.

DEATH CERTIFICATION

20. DATE OF DEATH Month *Jan* day *29* year *1941* 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 *Fracture of femur*

- Due to *Fall*

- Due to *Foot Slipping*

- Other conditions (Include pregnancy within 3 months of death) *1941*

- Major findings: Of operations.....

- Of autopsy.....

PHYSICIAN

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) *accident*  
(b) Date of occurrence *Jan 22 1941*  
(c) Where did injury occur? *Rural Shannon mo* (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) (c) Means of injury.

23. Signature *R. d. Davis* (M. D. or other)

- Address *Burch Tree* Date signed *5/8/41*

