

FILED MAR 19 1941

MOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

7905

State File No.

Registrar's No. 7

Registration District No. 719

Primary Registration District No. 5-930

1. PLACE OF DEATH:

(a) County Putnam  
(b) City or town Rural E.L.M. Miss.  
(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  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

8. (a) PRINT FULL NAME Minerva Jane Barnhart

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

4. Sex F 5. Color or race W- 6. (a) Single, widowed, married, divorced W-3

6. (b) Name of husband or wife William Barnhart 6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 6 1854

8. AGE: Years 86 Months 8 Days 29 hr. min.

9. Birthplace Putnam Co Mo

10. Usual occupation Home work

11. Industry or business

12. Name Geo Admire

13. Birthplace

14. Maiden name Rose Ann Sparks

15. Birthplace

16. (a) Informant Emm Morrow (b) Address Luoma Mo

17. (a) Burial (b) Date thereof Feb 6-41 (c) Place: burial or cremation Rose Cem

18. (a) Signature of funeral director Rose Susted (b) Address Unionville Mo (c) Date received local registrar Feb 9-1941 (d) Registrar's signature Marie Martin

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5 year 1941 hour 7:10 minute 10 A.M.

21. I hereby certify that I attended the deceased from Dec 19 1941 to Jan 29 1941 that I last saw her alive on Jan 29 1941 and that death occurred on the date and hour stated above.

Immediate cause of death asphyxia

Due to cardiac vascular disease

Due to disease

Other conditions

Major findings: Of operations

Of autopsy No

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 J.W. Gilliam (M.D. or other) D.O. Address Unionville Mo Date signed Feb 5-1941

Duration

Dec 19

1940

PHYSICIAN

Underline the cause to which death should be charged statistically.

1941

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

RECEIVED

District Health Officer No. 10

District File Number 3-41-493

Date Filed MAR 8 1941

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 Murl E. Husted

Licensed Embalmer No. 3084

P. O. Address Amosville, N.H.

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.