

MAR 18 1941

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

8528
Do not use this space.

1. PLACE OF DEATH

(a) County Webster Registration District No. 901
(b) Township West Dallas Primary Registration District No. 6210
(c) City _____ (d) Street No. _____ Registered No. 82
(e) Length of residence in city or town where death occurred _____ yrs. mos. da. (f) How long in U. S., if of foreign birth? _____ yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. Samuel C. Barnard
Rogersville Mo (Usual place of abode, if no street address, write county or city) (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 Thomasia
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10, 1865

7. AGE YEARS 75 MONTHS 3 DAYS 15 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) Webster Co. (STATE OR COUNTRY) Missouri

13. NAME John C. Barnard

14. BIRTHPLACE (CITY OR TOWN) Tennessee (STATE OR COUNTRY) _____

15. MAIDEN NAME Rachel Compton

16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Mrs. Ella Shelby
Rogersville Mo

18. BURIAL, CREMATION OR REMOVAL PLACE Panther Valley DATE Dec. 27 1940

19. FUNERAL DIRECTOR (NAME) Kelly and Ferrill (ADDRESS) Rogersville Mo
20. FILED Jan 9, 1941 J. C. Bassore Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 25 1940
22. I HEREBY CERTIFY, That I attended deceased from Dec 21 1940 to Dec 25 1940
I last saw him alive on Dec 24 1940. Death is said to have occurred on the date stated above, at 11:00 a.m.

The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Arterial Hypertension
Other contributory causes of importance: _____
Date of onset: Dec 21

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none Date of injury none, 1940
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 none
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) J. W. Wade M. D.
Rogersville Mo (Address)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

RECEIVED

District Health Officer No. 6

District File No.

341-478

Date Filed

~~MAR 18 1941~~

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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 Kelley 1515*

Licensed Embalmer No. 3334

P. O. Address Raymond

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.