

No. 2
4-13-40
5-17-39
I X23135

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11900

DEPARTMENT OF THE CENSUS
APR 15 1941

State File No.

Registration District No. 773

Primary Registration District No. 6023

Registrar's No. 50

400

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

1. PLACE OF DEATH: St Francis
 (a) County.....
 (b) City or town.....
 (c) Name of hospital or institution: DePaul Home
 (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 Missouri (b) County St Francis
 (c) City or town.....
 (d) Street No.....
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Percala Ann Barnhouse
 3. (b) If veteran, name war.....
 3. (c) Social Security No.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 3 day 29 1941
 year 1941 hour 2 minute A.M.
 21. I hereby certify that I attended the deceased from 3-17-41
 1941, to 3-29, 1941;
 that I last saw her alive on 3-29-41, 1941;
 and that death occurred on the date and hour stated above.

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

Immediate cause of death.....
Pneumonia, bilateral
 Duration 7 days
 Due to.....
 Due to.....
 Other conditions Emphysema, slight
 (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
1 0 20 — hr. min.
 9. Birthplace Doerum mo
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations.....
 Of autopsy.....
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

10. Usual occupation.....
 11. Industry or business.....
 MOTHER FATHER {
 12. Name Ted Barnhouse
 13. Birthplace Doerum mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Rose Chapman
 15. Birthplace Elvins mo
 (City, town, or county) (State or foreign country)
 16. (a) Informant Rose Barnhouse
 (b) Address Doerum mo
 17. (a) Burial (b) Date thereof 3-30-41
 (Burial, cremation, or removal) (Month) (Day) (Year)

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?
 (Specify type of place) (e) Means of injury.....
 23. Signature Richard Cronk (M. D. or other)
 Address Washington Date signed 3-27-41

18. (a) Signature of funeral director Mark L. Emerson
 (b) Address Elvins mo
 19. (a) Mar 30-41 (b) T. J. Robinson
 (Date received local registrar) (Registrar's signature)

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.....

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.