

No. 2
4-13-40
-17-39
I, 27159

FILED JUN 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17673

State File No. _____

Registration District No. 241a

Primary Registration District No. 5341

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Dallas

(b) City or town Rural Sherman
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 15 yrs
years, months or days

3. (a) PRINT FULL NAME Joel D Barnhart

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M Color or race W

5. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Sandra Barnhart

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: JULY 31 - 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>8</u>	<u>26</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Bobie Barnhart

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

14. Maiden name Elizabeth Cannon

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

16. (a) Informant Bob Stidham

(b) Address Jonas Mo

17. (a) Burial (b) Date thereof 4-28-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kirks Chapel

18. (a) Signature of funeral director L. B. Jones

(b) Address Box 402 Mo

19. (a) 5-12-1941 (b) W. M. Stogdill
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dallas

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

(d) Street No. Texas Mo.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 22
year 1941 hour 6 minutes 20 M.

21. I hereby certify that I attended the deceased from 5-13- 1941 to 4-27- 1941;
that I last saw him alive on 4-23- 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Ca. of Prostate
Duration (?)

Due to _____

Due to _____

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

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) _____

(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 R. E. Harell (M. D. or other) JMB

Address Buffalo, Mo Date signed 5-3-41

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

RECEIVED

District Health Officer No. 7,

District File Number 6-46-1001

Date Filed 6-11-41

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

Clyde Montgomery

Licensed Embalmer No.

3592

P. O. Address

Buffalo, N.Y.

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.