

Registration District No. 470

Primary Registration District No. 5633

Registrar's No. 100

1. PLACE OF DEATH:

(a) County Lawrence
 (b) City or town Mount Vernon
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 83 days
(Specify whether years, months or days)
 In this community 83 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis, Missouri 17 County
(If outside city or town limits, write "RURAL")
 (d) Street No. 4210 a Russell Blvd. 9
(If rural, give location)
 (e) Citizen of foreign country? / (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
 year 1941 hour 6:35 minute _____ P. M.
 21. I hereby certify that I attended the deceased from
April 5, 1941 to June 26, 1941
 that I last saw him alive on June 26, 1941
 and that death occurred on the date and hour stated above.
 Immediate cause of death Pulmonary Tuberculosis Duration 1 yr

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?

(Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature [Signature] (M. D. or other) [Signature]
 Address mt vernon mo Date signed 7/27/41

3. (a) PRINT FULL NAME Perry Barnhouse

3. (b) If veteran, name war no ? 3. (c) Social Security No. Not known

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

6. (b) Name of husband or wife Edith Poston 6. (c) Age of husband or wife if alive 28 years 191902

7. Birth date of deceased 8 (Month) 11 (Day) 1902 (Year)

8. AGE: Years 38 Months 10 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation Custodian (School)

11. Industry or business (School)

12. Name Charles Barnhouse

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

14. Maiden name Ollie Brixey

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

16. (a) Informant Ethel McMichael, Record Clerk

(b) Address Mo. State San. Mt. Vernon, Mo.

17. (a) Removal (b) Date thereof 6-27-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seymour, Mo.

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

(b) Address Seymour, Mo.

19. (a) 6-7-1941 (b) P.A. Holmes
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 6,

District File Number 741-1035

Date Filed Jul 7 1949

0.4

Spout 21

1471

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 stated above.