

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22477

Registration District No. 719 Primary Registration District No. 5950 Registrar's No.

1. PLACE OF DEATH: Putnam
(a) County Putnam
(b) City or town Elm
(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 (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME VELLIE MAY BARNHART
(b) If veteran, name war
(c) Social Security No.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced
(b) Name of husband or wife (c) Age of husband or wife if alive years
7. Birth date of deceased May 11 1941 (Month) (Day) (Year)

8. AGE: Years Months Days 19 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

12. Name Berlie Stewart Barnhart

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

14. Maiden name With Cornelson

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

16. (a) Informant Berlie Barnhart

(b) Address Leona Mo.

17. (a) (b) Date thereof 5-31-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Rose Cem.

18. (a) Signature of funeral director F. O. Husted & Son

(b) Address Unionville Mo.

19. (a) June 5-1941 (b) Marnie Martin (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Putnam
(c) City or town Rural
(d) Street No.
(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 5-30 day year 1941 hour minute 6 P. M.

21. I hereby certify that I attended the deceased from Birth 5-11 1941 to 5-30 1941 that I last saw her alive on 5-27 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Incongruent 1st stage due to congenital deformity
Due to
Due to

Other conditions (Include pregnancy within 3 months of death)
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 R. W. Petty (M. D. or other) Date signed 5-31-41

RECEIVED

District Health Officer No. 10

District File Number 7-41-1234

Date Filed JUL 10 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.....

M. E. Huston

Licensed Embalmer No.....

3304

P. O. Address.....

Unionville

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.