

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **41568**

**JAN 7 1942**  
Registration District No. **165**

Primary Registration District No. **5281**

Registrar's No. **42**

1. PLACE OF DEATH:

(a) County Cedar  
(b) City or town Rural-Linn Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: X  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution X (Specify whether  
In this community X years, months or days)

3. (a) PRINT FULL NAME Henry Barnard

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Myrtle Barnard 6. (c) Age of husband or wife if alive 59 years  
7. Birth date of deceased Apr. 9 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 7 14 X hr. X min.

9. Birthplace Kentucky X 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business X

12. Name David Barnard

13. Birthplace X West Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Rhoda Grant

15. Birthplace X West Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Myrtle Barnard

(b) Address Jerico Springs, Mo.

17. (a) Burial (b) Date thereof 11-24-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Omer Cemetary

18. (a) Signature of funeral director W.C. Davis & Co.

(b) Address Stockton, Mo.

19. (a) Dec 31, 41 (b) Mrs Myrtle Bright  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar  
(c) City or town Rural-Linn Township  
(If outside city or town limits, write "RURAL")  
(d) Street No. X (If rural, give location)  
(e) Citizen of foreign country? X (Yes or No)  
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23  
year 1941 hour 6 minute PM

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 430  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) Means of injury \_\_\_\_\_

23. Signature J. O. Canham (M. D. or other) \_\_\_\_\_

Address Greenfield, Mo. Date signed 12-3-41

---

---

**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 Melvin Churchill  
Licensed Embalmer No. 3272  
P. O. Address Stockton

**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.**