

FILED FEB 11 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar No. 301

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Janssac City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 2907 Frost Ave
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 38 years (Specify whether years, months or days)
 In this community 38 years

3. (a) PRINT FULL NAME Elmer E. Barnett
 3. (b) If veteran, name war _____
 3. (c) Social Security No. no

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Lura Bell Barnett Age of husband or wife if alive 74 years
 7. Birth date of deceased March 7-1865
 (Month) (Day) (Year)

8. AGE: Years 80 Months 10 Days 16 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Don't know

MOTHER FATHER { 12. Name Don't know
 13. Birthplace United States
 (City, town, or county) (State or foreign country)

14. Maiden name Don't know
 15. Birthplace United States
 (City, town, or county) (State or foreign country)

16. (a) Informant Maie Jennie Lyndon
 (b) Address 1877 Grand

17. (a) Cremation (b) Date thereof 1-24-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Funeral home

18. (a) Signature of funeral director J. O. Donnell
 (b) Address 3256 Broadway

19. (a) 1-23-42 (b) M. M. Snow
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Janssac City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2907 Frost Ave (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month January day 23
 year 1942 hour 12 minute 40 A.M.

21. I hereby certify that I attended the deceased from Jan 23 1942 to Jan 23 1942
 that I last saw him alive on Jan 23 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death coronary occlusion aorti
 Due to Chronic coronary sclerosis
 Due to 942
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 of operations _____
 or 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) _____
 Means of injury _____
 23. Signature Arvin Bonhas (M. D. or other)
 Address 490 Argyle, K.C. Mo. Date signed Jan 23

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..... *Park G. Rowe*.....

Licensed Embalmer No..... *2347*.....

P. O. Address..... *K. C. Mo.*.....

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.