

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2654

State File No.

FILED FEB 11 1942
Registration District No. 4-48 952

Primary Registration District No. 5617

Registrar's No.

1. PLACE OF DEATH:

(a) County Laclede Franklin Twp
(b) City or town Competition Mo Rural
(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 years, months or days)

3. (a) PRINT FULL NAME MARGRET ELLEN BARNARD

3. (b) If veteran, name war ✓ 3. (c) Social Security No. None

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife William Joseph Barnard 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 10 10 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Edward Robinson
13. Birthplace Don't Know 9 (City, town, or county) (State or foreign country)

14. Maiden name Jennie Meyers
15. Birthplace Penn 1 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Martha Creason
(b) Address Lebanon, Mo

17. (a) Burial (b) Date thereof Jan 27 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation M. Bride

18. (a) Signature of funeral director No Funeral Director

(b) Address ✓
19. (a) Jan 29-42 (b) Grace Roper
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede
(c) City or town Competition Mo Rural
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26
year 1942 hour 2 minute AM

21. I hereby certify that I attended the deceased from Aug 20 1941
1941, to Jan 24 1942

that I last saw him alive on Jan 24 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Phlebotomy Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operation J. L. Hough

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 9 (M. D. or other)

Address Date signed

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

RECEIVED

~~District Health Officer No.~~

District File Number 2-42-48

Date Filed February 7, 1942

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

No Embalming, 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 so stated above.