

FILED JUN 22 1942

Registration District No. 73

Primary Registration District No. 3006-5118

Registrar's No. 85

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Boone County Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community about 50 years (Specify whether years, months or days)

8. (a) PRINT FULL NAME JOHN BELL BARNETT

3. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Sarah 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased about 1870  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>about 72</u>	-	-	hr. min.

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

10. Usual occupation yard man

11. Industry or business Private home

12. Name Wash Barnett

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

14. Maiden name Amarda Jones

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

16. (a) Informant Sarah Barnett  
(b) Address Columbia Missouri

17. (a) Burial (b) Date thereof 5-21-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boy Providence Mo

18. (a) Signature of funeral director Stuart P. Parker  
(b) Address Columbia Missouri

19. (a) May 21-1942 (b) Estina H. Barber  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Columbia  
(If outside city or town limits, write "RURAL")

(d) Street No. 104 Switzler St.  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18  
year 1942 hour 1 minute 40 A.M.

21. I hereby certify that I attended the deceased from May 16  
7 P.M. 1942 to May 18 1942

that I last saw him alive on May 18 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Sepsicaemia

Due to Retention of waste

Due to Prostatic Hypertrophy

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

137a

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 H. M. Clark M.D. (M. D. or other) D  
Address 205 E. Washington Columbia Date signed May 28

Duration
<u>3 days</u>
?
?

PHYSICIAN  
Underline the cause to which death should be charged statistically.

10  
2  
4  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 Stuart P. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia 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, above space should be left blank.**