. S. No. 2
M—9-4-41
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17496

FILED JUN 25 1942

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 166

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

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution: None 923 Vine St. (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

(c) City or town Poplar Bluff. (If outside city or town limits, write "RURAL")

(d) Street No. 923 Vine St. (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country -------

3. (a) PRINT FULL NAME ISAAC HENDERSON BARNHILL

3. (b) If veteran, name war ******

3. (c) Social Security No. None

4. Sex Male D

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Margaret Barnhill

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Feb. 10, 1859 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
83	3	20	..... hr. ..... min.

9. Birthplace Butler County, (City, town, or county) Missouri D (State or foreign country)

10. Usual occupation Merchant

11. Industry or business -----

FATHER
12. Name Ira Henderson Barnhill
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fred Langraff

(b) Address Poplar Bluff, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Frank Mortuary

(b) Address 412 Vine St., Poplar Bluff, Mo.

19. (a) 5/30/42 (Date received local registrar) (b) Belle Kimmel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30th year 1942 hour 1:00 minute 50 A. M.

21. I hereby certify that I attended the deceased from May 21, 1942 to May 30, 1942 that I last saw him alive on May 29, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism — Duration 9 days

Due to Arnold Endocarditis — 2-3 yrs

Due to

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

Major findings:
Of operations
Of autopsy

83 b

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 J. Lee Harwell (M. D. of other)

Address Poplar Bluff Mo. Date signed 5/30/42

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 642-771
Date Filed JUN 18 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, xxxx .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Howard A. Cooper.

Licensed Embalmer No. 3996

P. O. Address 412 Vine St., Poplar Bluff 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.