

FILED JUN 26 1942

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

20821

Do not use this space.

## 1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 124 16  
 (b) Township Randles Primary Registration District No. 5175 3  
 (c) City Randles (d) Street No. 0  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

(a) Residence, No. CAPE GIRARDEAU RANDELES St.  (If nonresident, give city or town and State)  
 (Usual place of abode if street address, write county or city) Mo

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEM 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dillard Barnette

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 26-1868

7. AGE 73 YEARS MONTHS 3 DAYS 28 IF LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSE WIFE  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jamison Mo

13. NAME Ephraim Flarty

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) White Yates Mo.

15. MAIDEN NAME DONT KNOW

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DONT KNOW. ?

17. INFORMANT JOHN BOND (ADDRESS) RANDELES Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE FAIRVIEW (CAPE GIRARDEAU COUNTY) DATE JAN 25 42

19. FUNERAL DIRECTOR (NAME) (ADDRESS) HEISSERER + CO ORAN Mo.

20. FILED 6/22/42 19. A.H. Maese Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 27 23 1942

22. I HEREBY CERTIFY, That I attended deceased from Jan 27 1942, to Jan 27 23 1942

I last saw him alive on Jan 27 1942 Death is said to have occurred on the date stated above, at 8:30 PM m.  
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset

Other contributory causes of importance: 830

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) Wm. L. ... M. D.

(Address) Atterville Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-9-19-38

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RECEIVED

District Health Officer No. 4

District File Number 643-826

Date Filed 6-25-42

**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.....

*Not Embalmed.*

....., 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, above space should be left blank.**