

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21763

JUL 24 1942
Registration District No. 561

Primary Registration District No. 5756

State File No. _____

Registrar's No. 27

1. PLACE OF DEATH:

(a) County MILLER
(b) City or town RURAL - FRANKLIN TWP.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: L I
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution L (Specify whether
In this community 70 yrs. years, months or days)

8. (a) PRINT FULL NAME ANNA Columbia Barnard

8. (b) If veteran, name war L 8. (c) Social Security No. NONE

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced 2 divorced widowed
6. (b) Name of husband or wife George - E - Barnard 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased April 27 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 1 4 — hr. — min.

9. Birthplace California Mo. O
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Unknown

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

14. Maiden name Millie - Gouge

15. Birthplace Moniteau Co Mo O
(City, town, or county) (State or foreign country)

16. (a) Informant Logan Barnard

(b) Address Eldon Mo. R # 1

17. (a) BURIAL (b) Date thereof 6-3-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dookey Cem.

18. (a) Signature of funeral director Keith M. Payne

(b) Address Eldon Mo.

19. (a) 6-3-1942 (b) W. S. Squarman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County MILLER
(c) City or town Rural - 1 mi. South of Eldon, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1 mi. So. of Eldon, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1
year 1942 hour 3 minute P M.

21. I hereby certify that I attended the deceased from May 19 1942 to June 1 1942
that I last saw her alive on June 1st 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage
Due to Arterio Sclerosis ?

Due to _____

Other conditions 83a
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) (b) Means of Injury D

23. Signature G. D. Walker (M. D. or other) D
Address Eldon Mo. Date signed 6/3/42

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

RECEIVED
Miller County Health Dep't.
County File Number 42-55
Date Filed 7/20/42

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3998

P. O. Address Eldon 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.