

FILED OCT 9 1942
66
Registration District No.

Primary Registration District No. 5256

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

1. PLACE OF DEATH: Chariton

(a) County Chariton

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

(c) Name of hospital or institution: HOME
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 67-5-30 years, months or days

3. (a) PRINT FULL NAME: JAMES CALVIN BARNETT

3. (b) If veteran, name war DOT

3. (c) Social Security No. _____

4. Sex: MALE 5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: AGNES BARNETT

6. (c) Age of husband or wife if alive: 55 years

7. Birth date of deceased: MARCH 30 1875
(Month) (Day) (Year)

8. AGE: Years 167 Months 5 Days 30 If less than one day hr. _____ min. _____

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

10. Usual occupation: FARMER

11. Industry or business _____

12. Name: JAMES BARNETT

13. Birthplace: BELMONT CO OHIO
(City, town, or county) (State or foreign country)

14. Maiden name: JANE MOORE

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

16. (a) Informant: AGNES BARNETT

(b) Address: Summer Mo

17. (a) buried Oct 1 (b) Date thereof: Oct 1-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: 2007 Laurel Mo

18. (a) Signature of funeral director: [Signature]

(b) Address: Ledyard and

19. (a) Oct. 1 1942 (b) Ruth Stoner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County: Chariton

(c) City or town: Rural (Summer Mo)
(If outside city or town limits, write "RURAL")

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29 year 1942 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from Early 1940 to Sept 29 1942, that I last saw him alive on Sept 25 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Heart Disease

Due to: Arterio sclerosis

Due to: Probably rheumatism

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____

Of autopsy: none

Duration: Sudden

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: J. H. Hardy (M. D. or other) _____

Address: Summer Mo Date signed: 9/29

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 10-8-42

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 W. S. Shorne

Licensed Embalmer No. 2876

P. O. Address Laclede 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.