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M-9.4-41  
ev. 5-17-39  
I X29484

35097

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED NOV 16 1942

Registration District No. 372

Primary Registration District No. 4543

Registrar's No. 18

112  
000  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Webster

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

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 25 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster

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

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

(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Sarah Barnhouse

3. (b) If veteran, name war: ..... 3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19  
year 1942 hour 10 minute 45 A.M.

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

6. (b) Name of husband or wife Clark Barnhouse 6. (c) Age of husband or wife if alive 9 years

7. Birth date of deceased Feb 9 1869  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-9 to 10-19 1942  
that I last saw her alive on 10/19 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death old age

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>8</u>	<u>10</u>	hr. min.

Due to old age illness

Due to .....

9. Birthplace Mt Grove Mo  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 162 lb

10. Usual occupation Housewife

Major findings: Of operations .....

11. Industry or business Housewife

Of autopsy .....

12. Name Andrew Sanders

13. Birthplace Mt Grove Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Grogan

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

16. (a) Informant Acacia Barnhouse  
(b) Address Seymour Mo

17. (a) Burial (b) Date thereof 10-20-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seymour Cemetery

18. (a) Signature of funeral director Memahan & Watson  
(b) Address Seymour

19. (a) Oct 19-1942 (b) Robert Jones  
(Date received local registrar) (Registrar's signature)

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 Dr M.V. Kihara P.C.H.A. (M.D. or other) 1  
Address Seymour Mo Date signed Oct 19 42

Duration 6 months

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 1142-1626

Date Filed NOV 13 1942

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**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.....

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, fact should be so stated above.**