

Registration District No. 216 Primary Registration District No. 576.8 5784 Registrar's No.

1. PLACE OF DEATH:
(a) County MISSISSIPPI
(b) City or town ROUTE 2 EAST PRAIRIE MO
(c) Name of hospital or institution: NONE
(d) Length of stay: all of life

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County MISSISSIPPI
(c) City or town EAST PRAIRIE RURAL R.O.
(d) (Street No.) Route 2 EAST PRAIRIE
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME FRED BARNHILL JR.
3. (b) If veteran, name war NO
3. (c) Social Security No. NO

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 24 year 1942 hour 1 minute 50 P.M.
21. I hereby certify that I attended the deceased from Nov 23 1942 to Nov 24 1942
that I last saw him alive on Nov 24 1942 and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race Col.
6. (a) Single, widowed, married, divorced infant
6. (b) Name of husband or wife L
6. (c) Age of husband or wife if alive 2 years
7. Birth date of deceased April 23 1942

Immediate cause of death: Intermittent
Duration 7da
Due to...
Due to...
Other conditions: (Include pregnancy within 5 months of death)
Major findings: Of operations
Of autopsy

8. AGE: Years 0 Months 7 Days 1 If less than one day hr. min.

9. Birthplace MISSISSIPPI (City, town, or county) (State or foreign country)

10. Usual occupation infant

11. Industry or business infant

MOTHER FATHER
12. Name FRED BARNHILL
13. Birthplace HOMBOLT, TENN. (State or foreign country)
14. Maiden name LISA PETE
15. Birthplace STANTON TENN. (State or foreign country)

16. (a) Informant FRED BARNHILL
(b) Address Route 2 East Prairie MO
17. (a) BURIAL (b) Date thereof 11, 25 1942
(c) Place: burial or cremation DAK GROVE

18. (a) Signature of funeral director Paul F. J. [Signature]
(b) Address Charleston MO
19. (a) 1-16-43 (Date received local registrar) (b) A.W. Garrett (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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? Paul's Bar
23. Signature Paul's Bar (M. D. or other)
Address Charleston MO Date signed

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

Handwritten signature

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

Not Embalmed

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.