

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10819
State File No.

FILED APR 14 1943

Registration District No. 2-5-209

Primary Registration District No. 57835748

Registrar's No.

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Rural (Boone)
(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 (Specify whether
In this community Life Time years, months or days)

3. (a) PRINT FULL NAME CORA BELLE BARNHART

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William Barnhart 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Aug. 28 1875 (Month) (Day) (Year)

8. AGE: Years 67 Months 7 Days 9 If less than one day hr. min.

9. Birthplace Marion County, Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business Farm

12. Name John Laughlin

13. Birthplace Marion County, Mo (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Elkins

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

16. (a) Informant John Barnhart

(b) Address Meta, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-43 (Month) (Day) (Year)

(c) Place: burial or cremation Rowden Cem, Meta, Mo

18. (a) Signature of funeral director Chas. B. B...

(b) Address Boone, Mo

19. (a) April 8-43 (Date received local registrar) (b) Jessie Perkins (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Marion
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Meta, Mo, R.T.D. #1 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7 year 1943 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from April 3 1943, to April 7 1943; that I last saw her alive on April 6 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the lower colon Duration years

Due to _____

Due to _____

Other conditions (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) (e) Means of injury _____

23. Signature Wm. A. Gould (M. D. or other) DO

Address Boone, Mo Date signed 4/8/43

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

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..... *Chasey*
Licensed Embalmer No. *2694*
P. O. Address..... *Jerma MD*

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.