

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29105

State File No.

Registrar's No. 73

Registration District No. 291

Primary Registration District No. 5788

1. PLACE OF DEATH:
(a) County Putnam
(b) City or town Elm
(If outside city or town limits, write "RURAL" and township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether)
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (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

3. (a) PRINT FULL NAME ELIZABETH MAGDALENE BARNHART.
3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Girl 5. Color or race W 6. (a) Single, widowed, married, divorced. UNMARRIED
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 22 1943
(Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business

12. Name PEARLY STEWART BARNHART
13. Birthplace PUTMAN CO MO
(City, town, or county) (State or foreign country)
14. Maiden name WILLA FRANCIS CORNELISON
15. Birthplace PUTMAN CO MO
(City, town, or county) (State or foreign country)

16. (a) Informant PEARLY BARNHART
(b) Address LIVONIA MO

17. (a) Burial (b) Date thereof 8-1-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 8-28-43
(Data received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from PT BIRTH
19 to 19

that I last saw her alive on
and that death occurred on the date and hour stated above.

Immediate cause of death

Duration

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?

(Specify type of place)

(e) Means of injury

23. Signature (M. D. or other)

Address Date signed

18
2481
W D
RECEIVED

District Health Officer No. 10

District File Number 9-431448

Date Filed SEP 8 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by

Registered Apprentice No.

working under my personal supervision.

Signed G. O. Huston

Licensed Embalmer No. 2975

P. O. Address Unionville

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.