

No. 2
5-1-39
X26390

32247

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

OCT 15 1943

Registration District No. 274

Primary Registration District No. 5932

Registrar's No. 278

1. PLACE OF DEATH:

(a) County. Pettis
(b) City or town. La Monte Mo
(c) Name of hospital or institution: Rural La Monte
(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 Missouri (b) County Pettis
(c) City or town. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. La Monte
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Amanda E. 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 Widow

6. (b) Name of husband or wife Robert W. Barnhart 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 16 1864
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name John Mc Courtney
13. Birthplace Dont Know
(City, town, or county) (State or foreign country)
14. Maiden name Margie J. Yearnis
15. Birthplace Dont Know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs C M Burger
(b) Address Rout # 3 Sedalia Mo.

17. (a) Burial (b) Date thereof Sept 7 43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Meta Mo.

18. (a) Signature of funeral director B.F. Parker
(b) Address La Monte Mo.

19. (a) 9-7-43 (b) Mrs Anna Burger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 5 . 43
year _____ hour 2 30 A M. minute _____ M.

21. I hereby certify that I attended the deceased from 7-26-1940 to 9-5-1943
that I last saw him alive on 8-29- 1943
and that death occurred on the date and hour stated above.

Immediate cause of death chr - Corditis - sup acute

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 131R

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) (c) Means of injury _____

23. Signature Albert E. Mouser (M. D. or other) _____
Address 111 W 4 Sedalia Mo Date signed 9-7-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 3,

District File Number _____

Date Filed 10-7-2-42

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

R. J. Garver

Licensed Embalmer No. 1542

P. O. Address Raumont

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.