

FILED OCT 20 1943

Registration District No. 132

Primary Registration District No. 4203

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

1. PLACE OF DEATH
 (a) County Grundy
 (b) City or town Galt Mo
 (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 ✓
 In this community 12 yrs
 years, months or days (Specify whether)

8. (a) PRINT FULL NAME Robert Loren Barnhill
 3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex M. 5. Color or race W 6. (a) Single, widowed, married, divorced M. /
 6. (b) Name of husband or wife Lillian Barnhill 6. (c) Age of husband or wife if alive 73 years
 7. Birth date of deceased Oct 24 1960
 (Month) (Day) (Year)

8. AGE: Years 82 Months 11 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Some unknown Iowa /
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer & Carpenter

11. Industry or business Carpenter

12. Name Robert Barnhill

13. Birthplace unknown unknown
 (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Michals

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

16. (a) Informant Mrs Robert L Barnhill

(b) Address Galt Mo

17. (a) Burial (b) Date thereof 9-9-43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galt Mo 3007th cemetery

18. (a) Signature of funeral director McBayne & Son

(b) Address Galt Mo

19. (a) 9-11-43 (b) L. J. Roberts
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Grundy 40
 (c) City or town Galt 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. (Streets not numbered)
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? No 0 years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept. day 6
 year 1943 hour 11:15 minute 0 P. M.
 21. I hereby certify that I attended the deceased from 9-6-1943 to 9-6-1943
 that I last saw him alive on 9-16- 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 1 da.
 Due to arteriosclerosis years 40

Due to _____
 Other conditions 830!
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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 U. C. Weston (M. D. or other) M.D.
 Address Galt, Mo Date signed 9-7-43

1928

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 P. K. Payne Jr

Licensed Embalmer No. 2400

P. O. Address Galt

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, above space should be left blank.