

V. S. No. 2
00M-5-43
Rev. 5-17-39
X36671

FILED JUL 21 1944
Registration District No. **818**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 DAYS
(Specify whether years, months or days) 1 month, 11 DAYS

In this community 1 month, 11 DAYS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 12

(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL") 3 N.R.

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Jesse Monroe Barnhart

3. (b) If veteran, name war _____

3. (c) Social Security No. 702-14-711

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Maymie

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased JAN 11 1887
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>57</u>	<u>6</u>	<u>0</u>	hr. _____ min. _____

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

10. Usual occupation Machinist

11. Industry or business Railroad

12. Name Isaac Barnhart

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

14. Maiden name Don't Know

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

16. (a) Informant Maymie Barnhart

(b) Address Poplar Bluff Mo

17. (a) Burial (b) Date thereof 7-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff Mo

18. (a) Signature of funeral director Howard S. Rowland

(b) Address 4355 Washington

19. (a) JUL 11 1944 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
year 1944 hour 10:28 minute P. M.

21. I hereby certify that I attended the deceased from May 29th 1944 to July 11 1944
that I last saw him alive on July 11 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Duration 6 mo

Due to Carcinoma of prostate 1 yr.

Due to _____

Other conditions 51
(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 Joel Belleville (M. D. or other)
Address 1755 So. Grand Date signed 7-11-44

SEP 7 1944

JUL 27 1944

AUG 28 1944

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 Howard R. Rowland

Licensed Embalmer No. 3114

P. O. Address Pt Lewis Mo

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.