

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

25158

FILED JUL 24 1944

Registration District No. 207

Primary Registration District No. 5753

Registrar's No. 90

1. PLACE OF DEATH:

- (a) County Marion  
(b) City or town Borne  
(If outside city or town limits, write "RURAL" and name of 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 1 (Specify whether

In this community 1  
years, months or days)

3. (a) PRINT  
FULL NAME

CORDELIA BARNHART

3. (b) If veteran,  
name war

3. (c) Social Security  
No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Geo. D. Barnhart 6. (c) Age of husband or wife if alive 3rd years

7. Birth date of deceased April 3rd 1868  
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 12 If less than one day  
hr. min.

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

10. Usual occupation house wife

11. Industry or business

12. Name Geo. W. Pendleton

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

14. Maiden name Elizabeth Greene

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

16. (a) Informant Family

- (b) Address State Mo

17. (a) Buried (b) Date thereof June 17 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Stokes Cem.

18. (a) Signature of funeral director H. H. Strop

- (b) Address Meta Mo

19. (a) 6/20/44 (b) Erma Bassett  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Osage 76  
(c) City or town Meta 0  
(If outside city or town limits, write "RURAL") 0

- (d) Street No. Marion Co  
(If rural, give location)

- (e) Citizen of foreign country? (Yes or No)

If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15  
year 1944 hour 6 pm minute 30 M.

21. I hereby certify that I attended the deceased from May 10, 1944, to June 5, 1944;  
that I last saw her alive on June 5, 1944,  
and that death occurred on the date and hour stated above.

- Immediate cause of death myocardial weakness 2 mo  
and degeneration  
due to cerebral and  
general arteriosclerosis.  
Due to

- Other conditions  
(Include pregnancy within 3 months of death)

- Major findings:  
Of operations 932  
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 2

23. Signature Orville Gates (M. D. or other) 00  
Address Meta Mo Date signed

1096

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7-21-44

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.....

*H. H. Strop*

Licensed Embalmer No.....

*2924*

P. O. Address.....

*Meta 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.