

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37528
Registrar's No. 265

Registration District No. 77

Primary Registration District No. 3016

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

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location) U
(d) Length of stay: In hospital or institution: 3 Months
(Specify whether years, months or days) 6 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Cole 26
(c) City or town Jefferson City, Mo. 5
(If outside city or town limits, write "RURAL") 4
(d) Street No. 602 Clark Avenue
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country. U

3. (a) PRINT FULL NAME William H. Barnett
3. (b) If veteran, name war. 0 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fanny Barnett 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased: November 6 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 7 17 hr. min.

9. Birthplace Elkhart, Ills. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Businessman

11. Industry or business

MOTHER FATHER { 12. Name Samuel H. Barnett
13. Birthplace Ky. 1
(City, town, or county) (State or foreign country)
14. Maiden name Lucinda A. Dunlap
15. Birthplace Ky. 1
(City, town, or county) (State or foreign country)

16. (a) Informant W. P. Barnett

(b) Address 27347 Burrwood, Normandy, Mo

17. (a) Burial (b) Date thereof Nov-25-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ottawa, Kansas

18. (a) Signature of funeral director Prof. J. Gordon

(b) Address Jefferson City, Missouri

19. (a) 11-24-1944 (b) Charles Richter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 23
year 1944 hour 6 minute 17 M.

21. I hereby certify that I attended the deceased from August 17
1944 to Nov. 25 19 44
that I last saw him alive on Nov 22 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis
Senescent

Due to Arteriosclerosis
Senescent
Due to Fracture of femur
Rt femur

Other conditions Rt. Radial
(Include pregnancy within 3 months of death)

Major findings: Of operations ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
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 W. P. Barnett (M. D. or other)

Address Jefferson City, Mo Date Nov 24, 1944

NOV 21 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 *Louisa Sweet*
Licensed Embalmer No. *4096*
P. O. Address *Jefferson City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
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1. PLACE OF DEATH:

(a) County Calo

(b) City or town Jefferson city
(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 _____ (Specify whether _____)

In this community _____ (Specify whether _____ years, months or days)

3. (a) PRINT FULL NAME Wm H. Barnett

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

7. Birth date of deceased Nov 6 (Month) (Day) (Year)

8. AGE: Years 77 Months _____ Days _____ (If less than one day _____ min.)

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day _____ year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____ that I last saw him _____ alive on _____, 19____ and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 9 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Duration _____

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) Accident

(b) Date of occurrence Aug 17-1944

(c) Where did injury occur? Jefferson City, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On sidewalk of his home

While at work? No (Specify type of place) (e) Means of injury Fall

23. Signature _____ (M. D. or other) _____
Address Jefferson City, Mo. Date signed 11-29-44

SUPPLEMENTARY

37528