

FILED JAN 12 1945

Registration District No. 12

Primary Registration District No. 5779

State File No. 60

Registrar's No. 60

1. PLACE OF DEATH:

(a) County MILLER
(b) City or town RURAL - FRANKLIN TWP
(c) Name of hospital or institution:
none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community LIFETIME (Specify whether years, months or days)

3. (a) PRINT FULL NAME CANNIE - CLEMENTINE BARNARD

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex FEMALE 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife EDWARD F. BARNARD 6. (c) Age of husband or wife if alive 6 years
7. Birth date of deceased Nov. 6 1866
(Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 4 If less than one day - hr. - min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Wyatt - Gouge

13. Birthplace Moniteau Co. MO
(City, town, or county) (State or foreign country)

14. Maiden name CHARLOTTE - MARTIN

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

16. (a) Informant Mrs. Mary James (Sister)

(b) Address Eldon Mo.

17. (a) BURIAL (b) Date thereof 12/15/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DOOLEY - CEM.

18. (a) Signature of funeral director Keith M. Ray

(b) Address Eldon Mo.

19. (a) 12-13-44 (b) Mrs. Spearman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MILLER
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. RAURA - SPRINGS
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10 year 1944 hour 1 minutes 52 P. M.

21. I hereby certify that I attended the deceased from Nov. 14, 1944, to Dec. 10, 1944
that I last saw her alive on Dec. 9, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Valvular heart disease
and hypertension
Due to Valvular heart disease
Due to and hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 92d
Of autopsy 92d
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 2
Signature Prof. E. Munell (M.D. or other)
Address Eldon, Mo. Date signed 12/12/44

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

RECEIVED

Miller County Health Dept.

County File Number 45-2

Date Filed 1-2-44

NOV 17 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 Geeth M. Faye
Licensed Embalmer No. 3998
P. O. Address Eldon 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.