

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 11 1948

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 337

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1227 Mt. Vernon
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield,
(If outside city or town limits, write "RURAL")
(d) Street No. 1227 Mt. Vernon
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Myrtie Smith Barnard

3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James L. Barnard 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased September 5, 1869
(Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 15 If less than one day hr. min.

9. Birthplace Webster County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife
In Home

11. Industry or business

12. Name John S. M. Smith Tennessee

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

14. Maiden name Elizabeth Green

15. Birthplace Unknown N. Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. James L. Barnard
(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof April 23, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Panther Valley Cemetery
18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

19. (a) 4-21-48 (b) W.S. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20th,
year 1945 hour 12:30 minute P. M.

21. I hereby certify that I attended the deceased from June 1944 to April 20 1948;
that I last saw him alive on April 19 1948
and that death occurred on the date and hour stated above

Immediate cause of death Organic Heart disease
Due to.....

Due to.....
Other conditions (Include pregnancy within 3 months of death).....

Major findings: 950
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).....
(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.S. Handley (M. D. or other)
Address Springfield Mo Date signed 4/22/48

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

MOTHER FATHER

2/1/48

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

Harlow Knabb

Licensed Embalmer No.

4065

P. O. Address

Springfield, 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.

X