No. 2
—9-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15388

FILED APR 17 1946

Registration District No. 322 — Primary Registration District No. 3074 — Registrar's No.

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

1. PLACE OF DEATH:

(a) County: Scott
(b) City or town: Sikeston
(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 years, months or days)
In this community: 4 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Scott 1-0
(c) City or town: Sikeston 5
(If outside city or town limits, write "RURAL")
(d) Street No.: 703 W. Gladys 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: John Barnhart
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: M 0
5. Color or race: W
6. (a) Single, widowed, married, divorced: W 2
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: 10 (Month) 12 (Day) 1858 (Year)

8. AGE: Years 87 | Months 5 | Days 28 | If less than one day: hr. min.

9. Birthplace: Edwards Co. (City, town, or county) Ill. 1 (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:

FATHER
12. Name: John Barnhart
13. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant: William Barnhart
(b) Address: E. St. Louis, Ill. R.F.D. # 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/13/46 (Month) (Day) (Year)
(c) Place: burial or cremation: Bone Gap, Ill.
18. (a) Signature of funeral director: Corrie Drury
(b) Address: Bone Gap, Ill.
19. (a) 4-10-46 (Date received local registrar) (b) Mrs. F. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 10 year 1946 hour 3 minute a M.

21. I hereby certify that I attended the deceased from Mar 29, 1946, to Apl 10, 1946, that I last saw him alive on Mar 29, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death: Apoplexy

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): /

Major findings:
Of operations: 0
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? (Specify type of place)
While at work: (e) Means of injury:

23. Signature: [illegible] (M.D. or other)
Address: [illegible] Date signed: 4-10-46

303 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 46-520
Date Filed 4-11-46

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

Embalmed, Registered Apprentice No.

working under my personal supervision.

Signed John Allison

Licensed Embalmer No. 2941

P. O. Address Sikeston, Mo.

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

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