

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19670

Registration District No. 389

Primary Registration District No. 5161

Registrar's No. 11

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

1. PLACE OF DEATH:  
 (a) County Callaway  
 (b) City or town New Bloomfield  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Main St. New Bloomfield  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community 10 yrs.  
years, months or days

3. (a) PRINT FULL NAME Pearl E. Barnhart  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. 494-01-6805

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Millard 6. (c) Age of husband or wife if alive 45 years  
 7. Birth date of deceased Jan 24, 1906  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
40 4 10 hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
 12. Name Herman J. Williams  
 13. Birthplace Meta, Mo.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Nillie Rakes  
 15. Birthplace Jefferson City, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Millard Barnhart  
 (b) Address New Bloomfield, Mo.

17. (a) Burial (b) Date thereof 6/6/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Meta Cemetery

18. (a) Signature of funeral director Peter Brecher  
 (b) Address Jefferson City, Mo.

19. (a) 6/8/46 (b) Selroy Claypool  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Callaway 14  
 (c) City or town New Bloomfield 0  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Main St. 0  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 6  
 year 1946 hour 6 minute \_\_\_\_\_ P. M.  
 21. I hereby certify that I attended the deceased from July 28  
1945 to 6-14 1946  
 that I last saw her alive on May 12 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
 Due to Melanoid carcinoma

Due to Metastasis to lungs  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN W.K.  
 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. Adair (M. D. or other) \_\_\_\_\_  
 Address W.P. Adair, Jefferson City, Mo. Date signed 6/7/46

APR 10 1947

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 6-14-47

APR 10 1947

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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.