S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 29 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22714

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 820

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 day (Specify whether years, months or days)
In this community: —

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: 3307½ St. Joseph Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Ralph Barnett
3. (b) If veteran, name war: no
3. (c) Social Security: N491-10-2096
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Elma Barnett
6. (c) Age of husband or wife if alive: 52 years
7. Birth date of deceased: March 9, 1889 (Month) (Day) (Year)
8. AGE: Years 57 Months 4 Days 4 If less than one day hr. min.
9. Birthplace: New Hampton, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business: Norria Poultry Co.
FATHER 12. Name: Thomas Barnett
FATHER 13. Birthplace: Unknown (City, town, or county) Indiana (State or foreign country)
MOTHER 14. Maiden name: Sarah Stinson
MOTHER 15. Birthplace: Unknown (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Mrs. Elma Barett
(b) Address: 3307½ St. Joseph Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-15-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park
18. (a) Signature of funeral director: Hance Funeral Home
(b) Address: St. Joseph Mo
19. (a) July 22 1946 (Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13 year 1946 hour 6 minute 30 a M.
21. I hereby certify that I attended the deceased from May — 1944 to July 13 1946 that I last saw him alive on July 12 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis — Duration 2 yrs.
Due to: Chronic Endocarditis — ?
Due to: Rheumatic heart disease
Other conditions (Include pregnancy within 3 months of death): Generalized edema including the lungs.
Major findings:
Of operations:
Of autopsy: 1936

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: C. F. Grant (M. D. or other) M.D.
Address: St. Joseph, Mo. Date signed: 7-15-46

34 (Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.