

S. No. 2
DM-5-43
v. 5-17-39
P I X36671

FILED APR 1 1947

Registration District No. 164

Primary Registration District No. 418

Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Sullivan
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
44 North Mansion
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 1/2 Months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Franklin

(c) City or town Sullivan
(If outside city or town limits, write "RURAL")

(d) Street No. 44 North Mansion
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Ellen Barnhart

3. (b) If veteran, name war No.

3. (c) Social Security No. 486-03-5225

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Monroe Barnhart

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 3 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>6</u>	<u>15</u>	hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business Home

MOTHER FATHER

12. Name Calvin W. Lawson

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Roy Tyree

(b) Address 44 N. Mansion, Sullivan, Mo.

17. (a) Burial (b) Date thereof 3/19/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Meta, Mo.

18. (a) Signature of funeral director [Signature]

(b) Address 65 N. Clark, Sullivan, Mo.

19. (a) 3-19-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18
year 1947 hour 4 minute 36 A.M.

21. I hereby certify that I attended the deceased from Dec 4
1946 to Mar 18 1947
that I last saw u alive on Mar 17 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Myocarditis

Duration years

Due to _____
Senility of Secondary Arteriosclerosis

Duration years

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____

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? _____

23. Signature [Signature] (M. D. or other) _____
While at work? _____ (Specify type of place) (e) Means of injury _____

Address Sullivan, Mo. Date signed 3/19/47

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3/31/47

APR 24 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 Robert M. Murray
Licensed Embalmer No. 3749
P. O. Address Sullivan, 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.