

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16080**

FILED APR 17 1947

Registration District No. **325**

Primary Registration District No. **4480**

Registrar's No. **82**

1. PLACE OF DEATH

(a) County **Schuyler**
(b) City or town **Green Top**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **1**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community
years, months or days)

3. (a) PRINT FULL NAME **MARY E HA BARNHART**

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

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

6. (b) Name of husband or wife **Andrew J. Barnhart** 6. (c) Age of husband or wife if alive **—** years

7. Birth date of deceased **October 14 1851**
(Month) (Day) (Year)

8. AGE: Years **92** Months **5** Days **22** If less than one day hr. min.

9. Birthplace **Mt. Pleasant Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Devise Toliver**

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

14. Maiden name **Savins**

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

16. (a) Informant **James H. Barnhart**

(b) Address **Green Top Mo.**

17. (a) **Burial** (b) Date thereof **4-8-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Top, Mo.**

18. (a) Signature of funeral director **Hopewell Funeral Home**

(b) Address **Clarence Mo.**

19. (a) **4-10-47** (b) **Mrs. J. Drake**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Schuyler** 98
(c) City or town **Green Top** 6
(If outside city or town limits, write "RURAL")

(d) Street No. **0** (If rural, give location) **0**

(e) Citizen of foreign country? **—** (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4** day **6**
year **1947** hour **8** minute **P.** M.

21. I hereby certify that I attended the deceased from **4-1** 19**47**,
to **4-6** 19**47**,
that I last saw her alive on **4-5** 19**47**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Infantile 3 old age.**
Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy

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) (c) Means of injury

23. Signature **W. L. Drake** (M. D. or other)
Address **Green Top, Mo.** Date signed **4-9-47**

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED
L.S. No. 10
District File Number 447-721
Date Filed APR 15 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.....

Licensed Embalmer No. 3699

P. O. Address. Shelbyville, 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.