

FILED JUN 2 2 1947

Registration District No. 208

Primary Registration District No. 3041

Registrar's No. 799

1. PLACE OF DEATH:
(a) County Macon
(b) City or town Macon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lamaritan 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 1 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Macon 61
(c) City or town Callao 0
(If outside city or town limits, write "RURAL")
(d) Street No. - (If rural, give location) 6 0
(e) Citizen of foreign country? - (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JACKSON BARNAM

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

4. Sex Male 5. Color or race wh 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased 8-5-1913
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>9</u>	<u>1</u>	<u>-</u> hr. <u>-</u> min.

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

10. Usual occupation Retired Farmer

11. Industry or business -

12. Name Henry B. Barnam

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

14. Maiden name Frances Fowler

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

16. (a) Informant J.P. Barnam

(b) Address 799 Callao Mo

17. (a) Burial (b) Date thereof 5-8-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Everead Cemetery

18. (a) Signature of funeral director J.P. Edwards

(b) Address 1717 W. 7th Mo

19. (a) 5/20/47 (b) Paul McNeely
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 5 day 6
year 1947 hour - minute - M.

21. I hereby certify that I attended the deceased from 5-1-47 to 5-6-47, 1947.
that I last saw him alive on 5-6-47 and that death occurred on the date and hour stated above.

Immediate cause of death Shock Duration 5 1/2 days
Due to Fracture of Femur 5 1/2 days

Due to -
Other conditions (Include pregnancy within 3 months of death) -

Major findings: Of operations 106#
Of autopsy 108#

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 61
(b) Date of occurrence 5/1/47
(c) Where did injury occur? Callao Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work J.P. Barnam (Specify type of place)
(e) Means of injury Fall 2

23. Signature J.P. Barnam M.D. Date signed 5-13-47
Address Macon Mo

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 90
District File Number 2-47-916
Date Filed MAY 28 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..... *H. G. Edwards*
Licensed Embalmer No. *1961*
P. O. Address. *Bevier 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.