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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20113**
Registrar's No. **815**

Registration District No. **42** Primary Registration District No. **1000**

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

1. PLACE OF DEATH:
(a) County **Buchanan**
(b) City or town **St Joseph Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **State Hospital No. 22**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **9 yr 3 mo 15 da**
(Specify whether years, months or days) **9 yr 3 mo 15 da**

3. (a) PRINT FULL NAME **Thomas H. Barnett**
(b) If veteran, name war **No**
(c) Social Security No. **None**

4. Sex **Mo** 5. Color or race **W.**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **deceased Dolly**
6. (c) Age of husband or wife if **not stated**
7. Birth date of deceased **Apr 5 1878**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
 69 **2** **25** hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER

12. Name **Edward Barnett**
13. Birthplace **Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Amely Roberts**
15. Birthplace **Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Recent Hospital**
(b) Address **St Joseph Mo**
17. (a) **Removal** (b) Date thereof **6-30-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Agency**

18. (a) Signature of funeral director **Stanley Funeral Home**
(b) Address **St Joseph Mo**
19. (a) **7-7-47** (b) **H. C. Jenkins**
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **30**
year **1947** hour **11** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **5-1**, 1947 to **6-30**, 1947
that I last saw him alive on **6-30**, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**
Due to **Arteriosclerosis**

Due to
Other conditions **Dementia Precox**
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy **Autopsy**

Duration
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 **0**
23. Signature **E. Salyer** (M. D. or other)
Address **St Joseph Mo** Date signed **7-1**

JUL 14 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

Charles M. Harman, Registered Apprentice No. 450
working under my personal supervision.

Signed John Roy Blaney

Licensed Embalmer No. 2435

P. O. Address St. Joseph

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.