

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 27 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28657**

Registration District No. **291**

Primary Registration District No. **5988**

Registrar's No. **73**

1. PLACE OF DEATH:

(a) County **Putnam**
(b) City or town **Rural, Elm Twp**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Unionville, Mo. R. F. D.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community **life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME Valee Barnhouse

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

4. Sex **F** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **8**
6. (b) Name of husband or wife **none**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **July 28 1947**
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____
If less than one day hr. **12** min.

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

10. Usual occupation **none**

11. Industry or business

12. Name **Guy Lee Weatherly**
13. Birthplace **Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Amalee Barnhouse**
15. Birthplace **Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Amalee Barnhouse**
(b) Address **Unionville, Mo.**
17. (a) **B** (b) Date thereof **7-29-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Hartford Cem.**

18. (a) Signature of funeral director **H. C. Husted**
(b) Address **Unionville, Mo.**
19. (a) **8-21-47** (b) **Marvell Durbin**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Putnam**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Unionville, Mo.**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **no**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **28**
year **1947** hour **9:30** minute **00** M.

21. I hereby certify that I attended the deceased from **July 28** to **July 28**, 19**47**
that I last saw **he** alive on **July 28** and that death occurred on the date and hour stated above. 19**47**

Immediate cause of death **premature infant**
Due to _____

Due to _____

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

Major findings:
Of operations **151**
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? **L**

While at work _____ (Specify type of place)
(e) Means of injury _____

23. Signature **Phas L. Ladd** (M. D. or other) **Do**
Address **Unionville, Mo.** Date signed **7-29-47**

RECEIVED
District Health Officer No. 10
District File Number 8-47-1124
Date Filed AUG 23 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

Marcel E. Husted

Licensed Embalmer No.

3304

P. O. Address

Unionville

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.