

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 27 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34186

State File No. _____

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 894

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 538 No. Jefferson 6
(If rural, give location) 0

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

If yes, name country _____

3. (a) PRINT FULL NAME Harrison Lee Barnett

3. (b) If veteran, name war. —

3. (c) Social Security No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 0 at
year 1947, hour 2 PM. minute _____ M.

21. I hereby certify that I attended the deceased from 10 Oct 1947
19____ to 12 Oct 1947
that I last saw him alive on Oct 12 1947
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W

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

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

7. Birth date of deceased 10-24-1867
(Month) (Day) (Year)

Immediate cause of death Hemorrhage gastric Duration 3 days

Due to Esophageal Varices?

Due to _____

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

8. AGE: Years Months Days If less than one day

77 11 18 hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name O. S. Barnett

13. Birthplace unknown Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Martha A. Key

15. Birthplace unknown Mo. 0
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

16. (a) Informant Mrs. R. H. Kainer

(b) Address Blue town Mo.

17. (a) Burial (b) Date thereof 10-14-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carpenter Cemetery

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

(b) Address Blue town Mo.

19. (a) 10-12-47 (b) W. E. Handley (c) _____
(Date received local registrar) (Registrar's signature)

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? _____

(e) Means of injury _____
(Specify type of place)

While at work? _____

23. Signature G. B. Beckford (M. D. or other) MD

Address 630 N. Jefferson Springfield Mo. Date signed Oct 20 1947

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

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.....

Fred E. McKinnis....., Registered Apprentice No. *431*.....

working under my personal supervision.

Signed *Fred E. McKinnis*.....

Licensed Embalmer No. *3498*.....

P. O. Address *Chick, 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.