

FILED DEC 3 1947
Registration District No.

Primary Registration District No. 6782

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Miller
(b) City or town Luscomb, Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 170
(Specify whether
In this community All life
years, months or days)

3. (a) PRINT

FULL NAME Joseph DANIEL BARNHART

3. (b) If veteran,

name war No

3. (c) Social Security No.

No

4. Sex M
Color or race W

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

6. (b) Name of husband or wife
MAHISA JANE

6. (c) Age of husband or wife if
alive 77 years

7. Birth date of deceased April 12
(Month) (Day) (Year)

1869
(Year)

8. AGE:

Years

Months

Days

If less than one day

78

6

18

hr. min.

9. Birthplace

Miller
(City, town, or county)

Missouri
(State or foreign country)

10. Usual occupation

Farming

11. Industry or business

12. Name James M. Barnhart

13. Birthplace Miller
(City, town, or county)

Missouri
(State or foreign country)

14. Maiden name Mary Capps

15. Birthplace Miller
(City, town, or county)

Missouri
(State or foreign country)

16. (a) Informant Mrs. Helga Chart

(b) Address Luscomb R. 1, Mo.

17. (a) Rural
(Burial, cremation, or removal)

(b) Date thereof Nov. 11, 1947
(Month) (Day) (Year)

(c) Place: burial or cremation Capps Cemetery

18. (a) Signature of funeral director Walter V. Hedge

(b) Address Mo.

19. (a) 10-10-1947
(Date received local registrar)

(b) John E. Schwartz
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller 66
(c) City or town Luscomb, Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9
year 1947 hour 7 minute 10 P. M.

21. I hereby certify that I attended the deceased from Nov 7 to Nov 9 1947
that I last saw him alive on Nov 8 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Central Necronhage Duration 3 days

Due to Cardiac renal disorder year year

Due to Disease

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

Major findings:

Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause of 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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

23. Signature M. E. Humphrey (M. D. or other) D.O.

Address Luscomb, Mo. Date signed 11-12-47

RECEIVED
District Health Officer No. 9,
District File Number
DEC 2 1947
Date Filed

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 Walter P. Skager, Registered Apprentice No. _____, working under my personal supervision.

Signed

Licensed Embalmer No. 4265

P. O. Address Meriden, Conn.

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.