

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1948

Registration District No. 178

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5666

9286

State File No.

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town LA GRANGE UNION
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution 10 days (Specify whether years, months or days)
In this community 10 days

3. (a) PRINT FULL NAME THOMAS WAYNE BARNETT

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

4. Sex MALE 5. Color or race white 6. (a) Single, widowed, married. SINGLE
6. (b) Name of husband or wife. SINGLE 6. (c) Age of husband or wife if alive. 8 years
7. Birth date of deceased Nov. 8 1947
(Month) (Day) (Year)

8. AGE: Years 0 Months 4 Days 7 If less than one day hr. min.

9. Birthplace CANTON MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business

12. Name THOMAS W. BARNETT
13. Birthplace CANTON MO.
(City, town, or county) (State or foreign country)
14. Maiden name WILLIAM MARY HAWKINS
15. Birthplace WILLIAMSTOWN MO.
(City, town, or county) (State or foreign country)

16. (a) Informant T. W. Barnett
(b) Address La Grange Mo.

17. (a) Burial (b) Date thereof 3/17/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Canton Mo.

18. (a) Signature of funeral director R. R. Bailey
(b) Address Canton Mo.

19. (a) 3-17-48 (b) P. W. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis
(c) City or town La Grange Union Twp
(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 Mar. day 15 year 1948 hour 3 minute 05 P. M.

21. I hereby certify that I attended the deceased from Nov. 8 1947 to Mar. 15 1948
that I last saw him alive on Mar. 15 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial failure Duration Minutes
Due to Branchial pneumonia 1 day
Due to Branchial pneumonia 1 day

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 10 PHYSICIAN 10
Of autopsy 10 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 2
23. Signature Harry R. Agnew (M. D. or other) DO.
Address Canton, Mo. Date signed 3/17/48

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

RECEIVED
District Health Officer No. 10
District File Number 4-48-649
Date Filed APR - 7 - 1948

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 Earl H. Buckley

Licensed Embalmer No. 2615

P. O. Address Lawton 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. April 15
Registrar's No. 15

Registration District No. 174 Primary Registration District No. 5666

1. PLACE OF DEATH:

(a) County Texas
(b) City or town La Grange
(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 (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME

Thomas W. Barnett

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased (Month)

Nov. 8

(Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

hr. min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

3-17-48
(Date received local registrar)

(b)

Dr. Jennings
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Year 1948 hour 11 minute 15 M.

21. I hereby certify that I attended the deceased from 10 to 11, 1948; that I last saw him alive on April 15, 1948; and that death occurred on the date and hour stated above. Immediate cause of death

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

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) (e) Means of injury

23. Signature (M. D. or other)

Date signed

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

SUPPLEMENTARY

5-9286