FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6161

FILED MAR 29 1948
Registration District No. 28 13

Primary Registration District No. 578.1

Registrar's No. 7 '48

1. PLACE OF DEATH:
(a) County Miller (b) City or town RURAL Blaze
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7 mi. W. ULMAN
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Miller 66
(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")
(d) Street No. 7 mi. W. ULMAN 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country none

3. (a) PRINT FULL NAME John Monroe Barnett
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Louisa Barnett 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
81	2	16	hr. min.

9. Birthplace Miller Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farming - General
11. Industry or business Farming
FATHER 12. Name George Barnett
13. Birthplace unknown (City, town, or county) PA (State or foreign country)
MOTHER 14. Maiden name Mary Boltz
15. Birthplace Wheeling W. Va. (City, town, or county) (State or foreign country)
16. (a) Informant Cora D. Braffenfield
(b) Address Ulman Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 23-48 (Month) (Day) (Year)
(c) Place: burial or cremation Boltz Cem
18. (a) Signature of funeral director Keith McKay
(b) Address Eldon Mo.
19. (a) Mch 29, 1948 (Date received local registrar) (b) Mrs C. L. Hawkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1948 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from Oct 1947 to March 21, 1948
that I last saw him alive on March 20, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
(a) Cerebral Hemorrhage	48 hrs.
Due to (b) Arteriosclerotic Cardiac Cerebral Vascular Disease	years
Due to (c) Dementia for several years	
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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 2

23. Signature M. E. Humphreys (M.D. or other) M.D.
Address Tuscumbia Mo. Date signed 3-22-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed MAR 27 1948

District File Number

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 Keith McKaye

Licensed Embalmer No. 3988

P. O. Address Elden 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.