

FILED OCT 23 1948
Registration District No. _____

Primary Registration District No. 3016

State File No. _____
Registrar's No. 233

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
711 1/2 West Main Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 711 1/2 West Main Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

John J. Barnhouse

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Barnhouse 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased June 21st 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 3 18 hr. 0 min.

9. Birthplace Glencoe, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Supt. U.S. Engineer

11. Industry or business

12. Name Peter Barnhouse

13. Birthplace Not Known
(City, town, or county) (State or foreign country)

14. Maiden name Mary Elizabeth Brown

15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John J. Barnhouse

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Oct-12-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Robert J. Gordon

(b) Address Jefferson City, Missouri

19. (a) 10-12-48 (b) R. P. Davis m.d.
(Date received local registrar) (Physician's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Oct day 9
year 1948 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 19 1948
Oct 9 - 1948
that I last saw him alive on Oct 9 - 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis -
Coronary arteriosclerosis
Duration 15 min
Due to Coronary arteriosclerosis 5 yrs
Due to _____

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

Major findings: Of operations _____
Of autopsy active
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? 0
(Specify type of place) (e) Means of injury _____

23. Signature R. P. Davis m.d. (M. D. or other)
Address Jefferson City, Mo. Date signed 10/12/48

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

RECEIVED
DEC 3 1948
DISTRICT HEALTH OFFICER
CHICAGO No. 9,
District No. 100-1000
Date Filed OCT 22 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.....

Edgar L. Moseley....., Registered Apprentice No. *226*
working under my personal supervision.

Signed *Ferd P. Dulle*.....

Licensed Embalmer No. *3890*.....

P. O. Address *Jefferson City Mo*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.