FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 10 1949
Registration District No. 19

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39736
Primary Registration District No. 4172
Registrar's No. 13

1. PLACE OF DEATH:
(a) County DeKalb
(b) City or town Stewartsville
(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 years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County DeKalb
(c) City or town Stewartsville
(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 .....

3. (a) PRINT FULL NAME James Thomas 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 Married
6. (b) Name of husband or wife Lavena Grace Barnett
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased 11 (Month) 8 (Day) 1869 (Year)

8. AGE: Years 79 | Months 1 | Days 13 | If less than one day ..... hr. ..... min.

9. Birthplace DeKalb Co. (City, town, or county) Mo (State or foreign country)
10. Usual occupation Ret. Farmer
11. Industry or business .....
MOTHER / FATHER
12. Name Saloman Barnett
13. Birthplace Unknown (City, town, or county) Ill (State or foreign country)
14. Maiden name Unknown
15. Birthplace " " (City, town, or county) " (State or foreign country)

16. (a) Informant Foest Barnett
(b) Address St. Joseph, Mo
17. (a) B (Burial, cremation, or removal) (b) Date thereof 12-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation Stewartsville Mo.
18. (a) Signature of funeral director Lyon Funeral Home
(b) Address Stewartsville Mo.
19. (a) 12-20-48 (Date received local registrar) (b) Roscoe Gardner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21
year 1948 hour 2 minute 30 P. M.
21. I hereby certify that I attended the deceased from Dec. 17, 1948, to ....., 19....;
that I last saw him alive on Dec. 17 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart failure	10 Minutes
Due to	
Due to	
Other conditions. A severe anaemia was a contributing factor.	

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 .....

23. Signature J. F. Northrup M.D.
Address Stewartsville, Mo. Date signed 12-22-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 ✓ ..... ✓ ....., Registered Apprentice No. ✓ .....

working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address Stewartsville, Mo

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

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