

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11084

State File No.

FILED APR 12 1944

Registration District No.

Primary Registration District No. 5511

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Rural fields Creek
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6 Mi NW of Clinton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 20 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town Rural fields Creek
(If outside city or town limits, write "RURAL")

(d) Street No. 6 Mi NW of Clinton
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Colonel A. Barnhart

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 15
year 1944 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 1
1944 to March 15, 1944
that I last saw him alive on 3-14, 1944;
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

6. (a) Name of husband or wife Mary Barnhart

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

6. (c) Age of husband or wife if alive 3 years

7. Birth date of deceased 3 14 1863
(Month) (Day) (Year)

Immediate cause of death Coronary atherosclerosis

Due to Arteria Sclerosus & Cardiac decompensation

Duration 1 day

8. AGE: Years 81 Months 0 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Osage Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN 942

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Jane Barnhart

13. Birthplace Osage Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Jane Pratt

15. Birthplace Osage Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Arnet Barnhart

(b) Address Clinton Mo

17. (a) Rural (b) Date thereof 3 17 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carrollville cem

18. (a) Signature of funeral director Fred Wilkinson

(b) Address Clinton Mo

19. (a) March 17 1944 Georgia Kitcher
(Date received local registrar) (Registrar's signature)

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 J. B. Walker (M. D. or other) M.D.

Address Clinton Date signed 3-15-44

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

MOTHER FATHER

RECEIVED

District Health Officer No: 71

District File Number

Date

3-44-468
7-11-44

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

F. E. Wilkinson

Licensed Embalmer No.

2478

P. O. Address

Clendon No.

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.