

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

40622

File No. **F 5030**  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward)

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
Township Kan Primary Registration District No. \_\_\_\_\_  
City Kan City (No Fidelity St Bldg)

**2. FULL NAME**

Eno R. Barnhardt  
(a) Residence, No. 504 West 18 St. 3 Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Beil Barnhardt</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 22-1885</u>		
7. AGE	YEARS <u>47</u>	MONTHS <u>8</u>
	DAYS <u>5</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Auditor</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>251</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 1

FATHER 13. NAME Unknown 0

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

MOTHER 15. MAIDEN NAME Unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs Beil Barnhardt  
504 West 18

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE see 31 19

19. UNDERTAKER (ADDRESS) H. Bergman

20. FILED 17/29 19 32 M. M. Corrine  
Asst Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/27/32 19

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19  
I last saw him alive on \_\_\_\_\_, 19 \_\_\_\_\_ Death is said

to have occurred on the date stated above, 2:30 P.M.  
The principal cause of death and related causes of importance were as follows:

Coronary sclerosis Date of onset \_\_\_\_\_  
Chronic fibrous myocarditis  
93C  
94B 93C 7  
Other contributory causes of importance:

Name of operation No Date of \_\_\_\_\_  
What test confirmed diagnosis Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) W. H. H. H. M. D.  
Deputy Coroner  
(Address) \_\_\_\_\_

MAR 20 1942