

JAN 13 1940

Registration District No. 411

Primary Registration District No. 5669

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 62 yrs. (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route 3 (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME Charles F. Barnett 153
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 22
year 1939 hour 9:00 minute 8. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Della Barnett 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 3, 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 13, 1939 to Dec. 22, 1939
that I last saw him alive on Dec. 21, 1939
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
62 10 19 hr. min.

Immediate cause of death
Pulmonary Tuberculosis
Due to Silicosis
Due to _____

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

Other conditions Broken hip, fell out
(Include pregnancy within 3 months of death)
of hip Dec. 13, 1939

10. Usual occupation Retired miner

PHYSICIAN
Major findings:
Of operations none

11. Industry or business _____

12. Name Sam Barnett
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

Of autopsy none
Underline the cause to which death should be charged statistically

14. Maiden name Mary Williams
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify, indirectly to broken hip)
(b) Date of occurrence Dec. 13, 1939
(c) Where did injury occur? at home 83 Joplin, Mo
paper Co. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant's own signature ecil Barnett
(b) Address Joplin Mo

While at work no (Specify type of place) Fell out of bed
(a) Means of injury

17. (a) Burial (b) Date thereof 12-24-39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hornett Cemetery

28. Signature Ed D. Janning (M. D. or other)
Address Joplin, Mo. Date signed 12/28/39

18. (a) Signature of funeral director Ed D. Janning
(b) Address 1502 Joplin, Joplin, Missouri
19. (a) 12-26-39 (b) Ed D. Janning
(Date received local registry) (Registrar's signature)

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.

RECEIVED

Death Officer No. 6,

Dissect Table Number. 140-198

Date Filed JAN 11 1940

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.....

Licensed Embalmer No. 3218

P. O. Address..... Justin

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, above space should be left blank.