

FILED FEB 12 1940

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

2812
Do not use this space.

1. PLACE OF DEATH

(a) County Johnson Registration District No. 5586
(b) Township Dostok Primary Registration District No. 4256
(c) City Leeton (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 6 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Albert H. Barnhart

(a) Residence, No. Johnson Co. Leeton, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE	4. COLOR OR RACE WHITE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Ella Barnhart</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 15, 1872</u>				
7. AGE	YEARS <u>67</u>	MONTHS <u>0</u>	DAYS <u>25</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Retired Farmer</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) <u>Dayton, Ohio</u> <i>e. kuc. b. n.</i>				
FATHER	13. NAME <u>Mr. Barnhart John</u> /			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u> /			
MOTHER	15. MAIDEN NAME <u>Rucker Sarah</u> /			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>			
17. INFORMANT (ADDRESS) <u>Mrs. Barnhart</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mineral Creek</u> DATE <u>1-14</u> , 19 <u>40</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>R. A. Brauninger</u> <u>Leeton, Mo.</u>				
20. FILED <u>Jan. 6, 1940</u> <u>Annabel Reynolds</u> <u>Local Registrar.</u>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 10, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1940, to Jan. 10, 1940
I last saw him alive on Jan. 10, 1940 Death is said to have occurred on the date stated above, at 9.00 A. M.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris Sudden.
g. i. w.

Other contributory causes of importance:
Acute Indigestion.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No.

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? no
If so, specify _____
(Signed) H. G. Miley, M. D.
(Address) Leeton, Missouri

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 7/17/40

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 MR

R. A. Branninger, Registered Apprentice No. 3377
working under my personal supervision.

Signed R. A. Branninger
Licensed Embalmer No. 3377
P. O. Address Lecton, Mo.

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.