

No. 2  
13-40  
17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **28427**

Registration District No. **288**

Primary Registration District No. **4172**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **Dunklin**  
(b) City or town **Kennett - mo.**  
(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  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME **James Clyde Larnhart**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced \_\_\_\_\_  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **April 10 - 1939**  
(Month) (Day) (Year)

8. AGE: Years **1** Months **4** Days **18** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Kennett mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **none**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Robert Larnhart**  
13. Birthplace **Marsden Ark**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Stazel Knight**  
15. Birthplace **Marsden Ark**  
(City, town, or county) (State or foreign country)

16. (a) Informant **W. L. Gastall**  
(b) Address **Kennett mo**

17. (a) **Kennett** (b) Date thereof **Aug 29 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Ridge**

18. (a) Signature of funeral director **Leola Service**

(b) Address **Kennett mo**

19. (a) **8-31-40** (b) **Whitcomb**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Dunklin**  
(c) City or town **Kennett mo.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **204 Strice st**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **28**  
year **1940** hour **10** minute **0** M.

21. I hereby certify that I attended the deceased from **Aug 17<sup>th</sup>**, 19**40**, to **Aug 28<sup>th</sup>**, 19**40**  
that I last saw him alive on **Aug 28<sup>th</sup>**, 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
**Bacterial Pneumonia**  
Due to **measles**  
Due to **whooping cough**  
Other conditions **Optic media**  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 **Whitcomb** (M. D. or other) \_\_\_\_\_  
Address **Kennett mo** Date signed **8-31-40**

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

RECEIVED

District Health Officer

District File Number 940-14

Date Filed 4/11/40

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**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.....

P. O. Address.....

**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.**