No. 2
-13-40
-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34796

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 1053

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 212 N.29th Street 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 27 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph.
(If outside city or town limits, write "RURAL")
(d) Street No. 212 N.29th Street.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Samuel Harrison Barnett
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maim G.Barnett
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 16 (Day) 1874 (Year)

8. AGE: Years 66 Months 5 Days 18 If less than one day hr. min.

9. Birthplace Clinton County (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Patrolman 1
11. Industry or business St.Joseph Police Dept' 1
FATHER
12. Name Daniel Wayne Barnett
13. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country)
MOTHER
14. Maiden name Anna Stanley
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Mrs. Maim Barnett
(b) Address 212 N.29th Str. St.Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct.7,1940 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director H.O.Sidenfaden &Son
(b) Address 1802 Union Str.St.Joseph, Mo.
19. (a) Oct 5 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4th year 1940. hour 1 minute 45 P M.
21. I hereby certify that I attended the deceased from July 17, 1940 to October 4, 1940 that I last saw him alive on October 4, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma at head of Pancreas — Duration (P)
Due to —
Due to — 4-6
Other conditions — (Include pregnancy within 3 months of death)
Major findings: Of operations —
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 [signature] (M. D. or other) MO
Address 301 P.R.S. Bldg St. Joseph Date signed 10-5-40

(Licensed Embalmer's Statement on Reverse Side)

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 Robert P. Clarkson

Licensed Embalmer No. 4028.

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.