No. 2
1-10-39
-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2074

Registration District No. 124 Primary Registration District No. 3009 Registrar's No. 30

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Southeast Missouri Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 hrs (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau 16

(c) City or town Cape Girardeau 4 (If outside city or town limits write "RURAL")

(d) Street No. 725 S. Fountain st. (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Louise Barnhart

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased January (Month) 15 (Day) 1941 (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 22 hrs min.

9. Birthplace Cape Girardeau (City, town, or county) Mo (State or foreign country)

10. Usual occupation Child

11. Industry or business

FATHER
12. Name Don't Know
13. Birthplace " " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Juanita Barnhart
15. Birthplace Marmaduke (City, town, or county) Ark. 1 (State or foreign country)

16. (a) Informant Lessie Barnhart
(b) Address 725 S. Fountain

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 17, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Fairmount Cemetery

18. (a) Signature of funeral director M. G. Lorking
(b) Address Cape Girardeau Mo

19. (a) 1-17-41 (Date received local registrar) (b) J. M. Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from Jan 16th, 1941, to Jan 16, 1941 that I last saw her alive on Jan 16th, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Anoxaemia Not diagnosed

Due to undiagnosed probably patent foramen

Due to Ovale.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: 1 hr

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 W. H. Wiercoat (M. D. or other)
Address Cape Girardeau Date signed 1-17-41

(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 C. J. Lorberg, Registered Apprentice No. ——, working under my personal supervision.

Signed C. J. Lorberg

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, 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.