

FILED APR 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9920

Registration District No. 19

Primary Registration District No. JO 23

Registrar's No.

1. PLACE OF DEATH:

- (a) County Atchison
- (b) City or town Rural, Templeton 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 ICA ANDREW BARNHART3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased March 1869
(Month) (Day) (Year)8. AGE: Years 72 Months 0 Days 11 If less than one day hr. _____ min. _____9. Birthplace Atchison Mo Mo
(City, town, or county) (State or foreign country)10. Usual occupation farmer

11. Industry or business _____

12. Name W. J. Barnhart18. Birthplace Atchison Mo Mo
(City, town, or county) (State or foreign country)14. Maiden name Mary Eliza Barnhart15. Birthplace Atchison Mo Mo
(City, town, or county) (State or foreign country)16. (a) Informant's own signature W. J. Barnhart(b) Address Rock Dock Mo17. (a) Burial (b) Date thereof 3-14-1941
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation High Creek Cem.18. (a) Signature of funeral director W. J. Barnhart(b) Address Rock Dock Mo19. (a) Mar 12 1941 (b) Mary E. Crumblin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Atchison
- (c) City or town Rural, Templeton Mo.
(If outside city or town limits, write "RURAL")
- (d) Street No. _____
(If rural, give location)
- (e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 12
year 1941 hour 7:30 minute _____ A.M.21. I hereby certify that I attended the deceased from Mar 1
1941, to Mar 12, 1941.that I last saw him alive on Mar 11, 1941,
and that death occurred on the date and hour stated above.Immediate cause of death Cerebral HaemorrhageDue to Hypertension 20 yrs
Due to Arteriosclerosis 20 yrsOther conditions _____
(Include pregnancy within 3 months of death)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? _____

16 _____
While at work? _____ (Specify type of place)28. Signature A. R. Wauwata (M. D. or other) MD
Address Hamburg Date signed May 13 41

Duration

Since
Mar 1, 1941

20 yrs

20 yrs

PHYSICIAN

Underline
the cause to
which death
should be
charged statistically

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 Walter Bartholomew
Licensed Embalmer No. 3173
P. O. Address Rockford, 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.