

FILED DEC 10 1941
Registration District No. 2

Primary Registration District No. 3039

Registrar's No. 324

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Nevada City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 0 4 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Edwards ⁹⁹⁹
(c) City or town Rural ¹⁴
(If outside city or town limits, write "RURAL") ⁰
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12th
year 1941 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from Nov 11 1941
Nov 11 - 12 - 1941, to Nov 12 - 1941;
that I last saw him alive on November 12 - 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Crush of chest
Due to Automobile accident
Due to _____
Other conditions fracture of 8th dorsal
vertebrae and ribs on
Major findings: left side
Of operations _____
Of autopsy None
Duration 6
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. (a) PRINT FULL NAME Elmer Barnett

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

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

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

7. Birth date of deceased Sept 6 1875
(Month) (Day) (Year)

8. AGE: Years 66 Months 2 Days 6 If less than one day hr. _____ min. _____

9. Birthplace Vernon Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Elmer Barnett

18. Birthplace Uniontown, Uniontown
(City, town, or county) (State or foreign country)

14. Maiden name Evie Hartman

15. Birthplace Bates Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant John Barnett

(b) Address Wesley Kans

17. (a) Removal (b) Date thereof 11/12/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marville Kans

18. (a) Signature of funeral director Martha Schinger
(b) Address Nevada Mo

19. (a) 11-13-41 (b) Allen V. Hayes
(Data received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Auto accident
(b) Date of occurrence Nov-11-1941, 108'
(c) Where did injury occur? Nevada Vernon Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway # 78
While at work? no (Specify type of place) (e) Means of injury _____

28. Signature W. H. Dodd (M. D. or other) 0
Address Nevada, Mo Date signed 11/19/41

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

78
95-1

RECEIVED

District Health Officer No. 7,

District File Number 12-41-2000

Date Filed 12-9-41

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

Mark Cichinger

Licensed Embalmer No. 3656

P. O. Address Nevada, 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.