

FILED APR 15 1942

Registration District No.

Primary Registration District No. 4422

Registrar's No.

1. PLACE OF DEATH:

(a) County Falk

(b) City or town Bolivar, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
118 East Locust 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Falk 84

(c) City or town Bolivar
(If outside city or town limits, write "RURAL")

(d) Street No. 118 East Locust
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Jona Reed Barnett

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 10. year 1942 hour 12:45 minute P. M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles H. Barnett 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Dec. 4, 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 1, 1942 to March 10, 1942
that I last saw her alive on March 10, 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

57 3 6 _____ hr. _____ min.

Immediate cause of death Hypostatic Pneumonia 4 days

Due to Cerebral apoplexy 10 yrs ago

Chronic myocarditis with acute heart failure

Other conditions (Include pregnancy within 3 months of death)

MOTHER FATHER

9. Birthplace Falk County, Missouri
(City, town or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business House work (widow 10 yrs)

12. Name Jona R. Reed

13. Birthplace Bolivar, Missouri
(City, town or county) (State or foreign country)

14. Maiden name Leola A. Huser

15. Birthplace Falk County, Missouri
(City, town or county) (State or foreign country)

16. (a) Informant Charles H. Barnett

(b) Address Bolivar, Mo.

17. (a) Burial, cremation, or removal (b) Date thereof Mar. 12, 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Carwin Paul Blue

(b) Address Bolivar, Mo.

19. (a) 3-20-42 (b) W. J. McDaniel
(Data received local registrar) (Registrar's signature)

Major findings:
Of operations _____

Of autopsy 938

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Doyle C. McCrean (M. D. or other) _____

Address Bolivar, Mo. Date signed _____

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

84
1
1

RECEIVED

District Health Officer No. 7,

District File Number 4-42-384

Date Filed 4-13-42

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 Richard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Belvoir, 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, fact should be so stated above.