

S. No. 2
M-2-43
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10090

State File No. _____

FILED APR 6 1945

Registration District No. 179

Primary Registration District No. 2669

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Lincoln

(b) City or town Rural Hawkpoint
(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 hospital or institution)

In this community In This Community
years, months or days 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GEORGE BARNHART

3. (b) If veteran name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th
year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw h. _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex M 0 race W

5. Color or divorced Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Feb 13 1878
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion
(Coronary Fungus)
Verdict

Due to _____

Due to _____

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

70 1 6 hr. _____ min. _____

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

10. Usual occupation none

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 940

Of autopsy _____

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

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown U

13. Birthplace Unknown U
(City, town, or county) (State or foreign country)

14. Maiden name Unknown U

15. Birthplace Unknown U
(City, town, or county) (State or foreign country)

16. (a) Informant V.E. Altholz

(b) Address Troy Mo.

17. (a) Burial (b) Date thereof Mar 22, 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hawkpoint Mo.

18. (a) Signature of funeral director Wayne M. S. Boy

(b) Address Troy Mo.

19. (a) March 22/1945 (b) Judith M. G. Regan
(Date received local registrar) (Registrar's signature)

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 V.E. Altholz D. or other 940
Address Coronary Family County Date signed 3/22/45

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

000

1386

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-5-45

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 Not Embalmed

Licensed Embalmer No.....

P. O. Address.....

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.