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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 7 1946

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34915

State File No. 8929

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County
(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 979

(a) State: Arkansas (b) County: Garland
(c) City or town: Hot Springs
(If outside city or town limits, write "RURAL")
(d) Street No.: 216 Grove Avenue NR
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 20
If yes, name country

3. (a) PRINT FULL NAME: O. D. Barnett

3. (b) If veteran, name war

3. (c) Social Security No. 702-18-5752

4. Sex: Male

5. Color or race: Col

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Alice Barnett

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

7. Birth date of deceased: Don't Know (Month) (Day) (Year)

8. AGE: Years: abt 64 Months: — Days: — If less than one day: hr. min.

9. Birthplace: Union County, Ark. (City, town, or county) (State or foreign country)

10. Usual occupation: Car cleaner

11. Industry or business: Missouri Pacific R. R. Co.

FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Willie Barnett Coleman
(b) Address: R-3-Box-204 Hot Springs, Ark.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/18/46 (Month) (Day) (Year)
(c) Place: burial or cremation: Hot Springs, Arkansas

18. (a) Signature of funeral director: Harris Funeral Home
(b) Address: Hot Springs, Arkansas

19. (a) OCT 18 1946 (Date received local registrar) (b) J. F. Bredesen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: October day: 17 year: 1946 hour: 10 minute: 30 a.m.

21. I hereby certify that I attended the deceased from October 14, 1946 to October 17, 1946 that I last saw him alive on October 16, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr. Myocarditis	3 yrs
Due to: Arteriosclerotic Heart Disease	3 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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: Robert Canning (M. D. or other)
Address: St. Louis, Mo. Date signed: 10/21/46

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed. Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address. St Louis, 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.

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37852

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County St Louis

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

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

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

3. (a) PRINT FULL NAME O. D. Barnett

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex

5. Color or race

6. (a) Single, widowed, married, divorced 1102-16-5752

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec (Month) 25 (Day) 1881 (Year)

8. AGE: Years 64 Months 10 Days 22 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name Al Barnett

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

14. Maiden name Mary McGill

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 10-18-46 (Date received local registrar) (b) J. F. Bresecke (Registrar's signature)

NOV 2 1946

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County

(c) City or town Hot Springs (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

SUPPLEMENTARY

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 17 year 1946 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 (M. D. or other)

Address Date signed

34915