

FILED DEC 2 1946

Registration District No. **164**

Primary Registration District No. **3032**

Registrar's No. **113**

1. PLACE OF DEATH:

(a) County **Johnson**

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

(c) Name of hospital or institution: **Warrensburg Clinic**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 hour**  
(Specify whether years, months or days)

In this community **1 hour**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Johnson**

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

(d) Street No. **XXXX**  
(If rural, give location)

(e) Citizen of foreign country? **no**  
If yes, name country **XXXX**

3. (a) PRINT FULL NAME **Ray Moore Barnett**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none known**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **15**  
year **1946** hour **9:30** minute **A. M.**

4. Sex **male**

5. Color or race **white**

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

6. (b) Name of husband or wife **Lillie Eads Barnett**

6. (c) Age of husband or wife if alive **51** years

7. Birth date of deceased **July 1, 1899**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **8:30 AM Nov 15** 19 **46**, to **9:30 AM Nov 15** 19 **46**  
that I last saw him alive on **9:29 Nov 15** 19 **46**  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>47</b>	<b>4</b>	<b>14</b>	hr. min.

Immediate cause of death **Hemorrhage**

Due to **Cranial gun shot wound**

Due to

Duration **1 hr**

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

10. Usual occupation **Mechanic**

11. Industry or business **Auto garage**

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.

MOTHER FATHER

12. Name **Alva G. Barnett**

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

14. Maiden name **Moore**

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **suicide**

(b) Date of occurrence **Nov 15, 1946**

(c) Where did injury occur? **Pittsville Johnson MO**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**garage**  
(Specify type of place)

16. (a) Informant **Lillie Eads Barnett**

(b) Address **Pittsville, Missouri**

17. (a) **Burial** (b) Date thereof **Nov 18, 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pittsville Cemetery Canaday and Ropp**

18. (a) Signature of funeral director **Holden, Missouri**

(b) Address **Holden, Missouri**

19. (a) **Nov 20, 1946** (Date received local registrar)

(b) **Carroll C. [Signature]** (Registrar's signature)

While at work? **No** Means of injury **Perotker**

Signature **J. Reed [Signature]** M. D. or other **M.D.**

Address **Warrensburg, Mo** Date signed **Nov 20**

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

36002

147

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**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 *M L Conaday*  
Licensed Embalmer No. *3434*  
P. O. Address *Holden, 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.**