

1939 APR 11 11 39

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

11604

Do not use this space.

1. PLACE OF DEATH

(a) County Monteau Registration District No. 576  
 (b) Township Harrison Primary Registration District No. 5773A  
 (c) City ..... (d) Street No. .... St. ....  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mo. ds.

Registered No. 8

2. PRINT FULL NAME

(a) Residence, No. 668 Mary Elizabeth Karr St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Monroe Karr  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 18-1857  
 7. AGE YEARS 82 MONTHS 2 DAYS 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole Co. Mo.

FATHER 13. NAME Conrad Barnhart  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER 15. MAIDEN NAME Elizabeth Burkley  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Coley Karr  
 (ADDRESS) Eldon Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE High Point Cem DATE 3/21/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Phillips & Friedman  
California Mo.

20. FILED 3/22 1939 Jewell W. Phillips  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 18 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1935, to 3-18, 1939  
 I last saw her alive on 3-16, 1939. Death is said

to have occurred on the date stated above, at.....m.  
 The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia

Date of onset 3-15-39

Other contributory causes of importance:

Chronic Interstitial Nephritis

1934

Name of operation none Date of.....

What test confirmed diagnosis? clinical. Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
 If so, specify.....

(Signed) E. C. Shelton, M. D.

(Address) Eldon Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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.....

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, above space should be left blank.**