

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

21476
 Do not use this space.

REC'D JUL 19 1938

1. PLACE OF DEATH

(a) County Callaway Registration District No. 104
 (b) Township Fulton Primary Registration District No. 3008 Registered No. 162
 (c) City Fulton (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 12 yrs. 2 mos. 12 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Ben C. Barnes
 (a) Residence, No. Mexico, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 24, 1887

7. AGE YEARS 51 MONTHS 3 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico, Mo.

FATHER 13. NAME Adam Clark Barnes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Noble Co. Mo.

MOTHER 15. MAIDEN NAME Nannie B. Garrett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) King & Queens Co. Va.

17. INFORMANT (ADDRESS) Hosp. Rec or ds. Fulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mexico, Mo. DATE June 27, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Charles [unclear] Mexico, Mo.

20. FILED June 28, 1938 R. N. Crew Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1937 to June 27, 1938
 I last saw him alive on June 27, 1938 Death is said to have occurred on the date stated above, at 9:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Amyotrophic lateral Sclerosis
Bronchial Pneumonia 6/24/38
Epilepsy
 Other contributory causes of importance: D.K.
J. N.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

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 Jes. R. Muehler, M. D.
 (Signed) _____ (Address) Fulton, 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.

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, ✓

Clas Arnold

or by

Registered Apprentice No., working under my personal supervision.

Signed

Clas Arnold

Licensed Embalmer No.

3569

P. O. Address

Merica, 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, above space should be left blank.