REC'D JUL 20 1938

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

22106

Do not use this space.

1. PLACE OF DEATH
(a) County: Jasper
(b) Township:
(c) City: Carthage
Registration District No.: 408
Primary Registration District No.: 3020
Registered No.:
(d) Street No.: McCune-Brooks Hospital St.
(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: 28 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: Nancy Elizabeth Barnes
(a) Residence, No.: 512 N. McGregor St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: R. A. Barnes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 30, 1868

7. AGE: Years 69 | Months 10 | Days 7 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housekeeper
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): Pike County Illinois

FATHER
13. NAME: Guy N. Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Illinois

MOTHER
15. MAIDEN NAME: Eliza Fowler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Illinois

17. INFORMANT (ADDRESS): Mrs. Harry Barnes Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Red Oak Cem. DATE: June 9, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Kneil Mortuary Carthage, Mo.

20. FILED: June 8, 1938 R. J. McDaniel, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1938, to June 7, 1938
I last saw her alive on June 7, 1938. Death is said to have occurred on the date stated above, at 12:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	June 5, 1938
Other contributory causes of importance: Terminal Hypostatic pneumonia	June 7, 1938

Name of operation: None Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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? No
If so, specify
(Signed): M. J. Harris, M. D.
(Address): Carthage, Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAR 24 1962

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. 391, working under my personal supervision.

Signed Emma L. Kneel

Licensed Embalmer No. .....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.