

RECEIVED FEB 23 1939

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

2180  
Do not use this space.

1. PLACE OF DEATH

(a) County Dent Registration District No. 266  
(b) Township Short Bend Primary Registration District No. 5377  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Harold Edward Barnes

(a) Residence, No. \_\_\_\_\_ 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) August 28, 1938  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
4 28  
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) Dent County, Mo.

FATHER 13. NAME Willis Arthur Barnes  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent County, Mo.

MOTHER 15. MAIDEN NAME Gladie Lucille Ray  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent County, Mo.

17. INFORMANT (ADDRESS) Willis Arthur Barnes  
Salem, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Barnes Cemetery DATE 1/21/39 1939

19. FUNERAL DIRECTOR (ADDRESS) H. D. Hoban  
Salem, Mo.

20. FILED Jan 20 1939 F. E. Butler, M.D.  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from August 28, 1938, to January 19, 1939.  
I last saw him alive on Jan 18, 1939. Death is said to have occurred on the date stated above, at 2:00 P. M.  
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia  
Date of onset Jan 14, 1939

Other contributory causes of importance:

Bronchial Asthma

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? signs 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 \_\_\_\_\_ (Signed) K. J. Dill, M. D.  
(Address) Salem, Mo.

STATEMENT BY LICENSED EMBALMER

I, N. D. Stohrer, Licensed Embalmer No. 928  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by not self  
..... L. E. ....  
No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed N. D. Stohrer

Licensed Embalmer No. 928

**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.)**