

REC'D MAR 8

1939

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

Do not use this space.

1. PLACE OF DEATH

(a) County Taney Registration District No. 1615
(b) Township Oak Ridge Primary Registration District No. 6133 Registered No. _____
(c) City _____ (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

David F. Barnes
(a) Residence, No. Oak Ridge 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 27 1847

7. AGE YEARS 91 MONTHS 0 DAYS 11 If LESS than 1 day,hrs. ormin.

OCCUPATION 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. Farmer
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) Indiana

FATHER 13. NAME Aron Barnes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER 15. MAIDEN NAME Catherine Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT May Barnes (ADDRESS) Spokane, Mo., R.R.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Ridge DATE Dec 9 1938

19. FUNERAL DIRECTOR T. B. Cheffin (ADDRESS) Oak Ridge, Mo.

20. FILED _____ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5th, 1938, to Dec 8, 1938

I last saw him alive on Dec 8, 1938 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

Hypertension
Complicated by
Influenza
Date of onset _____

Other contributory causes of importance: _____

Name of operation None Date of _____

What test confirmed diagnosis? _____ 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? Y

If so, specify _____

(Signed) J. H. Trade, M. D.

(Address) Oak Ridge, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-235

Date Filed FEB 11 1939

STATEMENT BY LICENSED EMBALMER

I, T. B. Chaffin, Licensed Embalmer No. 2192

hereby certify that the body recorded on the reverse side of this certificate was ~~embalmed~~ Prepared by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed T. B. Chaffin
Licensed Embalmer No. 2192

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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 184
(b) Township Jasper Primary Registration District No. 6770 Registered No. 1
(c) City Oak Ridge (d) Street Cheshambridge 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. (If of foreign birth? yrs. mos. ds.)

2. PRINT FULL NAME

David J. Parmen
(a) Residence, No. _____ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
91 0 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Indiana

FATHER 13. NAME Aron Parmen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER 15. MAIDEN NAME Catherine Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) May Parmen
Spokane Ind

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Ridge DATE Dec. 9 '38

19. FUNERAL DIRECTOR (ADDRESS) T. B. Chaffee
Spokane Ind

20. FILED April 26 1939 Lee Alma
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 5 1938 to Dec 8 1938
I last saw him alive on Dec 8, 1938. Death is said to have occurred on the date stated above, at 4. P.m.
The principal cause of death and related causes of importance were as follows:

Hypertension complicated by influenza
Date of onset _____

Other contributory causes of importance:

Name of operation None Date of _____
What test confirmed diagnosis? _____ 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? No
If so, specify _____
(Signed) J. H. Wade, M. D.
(Address) Spokane Ind

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
N. B.—Every item of information should be carefully supplied. Age shown on stated certificate is very important. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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