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.

MAR 2 0 1939 Harlan Nr Nevada Clarence Mo

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

7129
Do not use this space.

1. PLACE OF DEATH
(a) County Macon
(b) Township Ten Mile
(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 10 52 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 1072
Primary Registration District No. 5716
Registered No. 21

2. PRINT FULL NAME Cora B. Barnes
(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 Female
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Samuel H. Barnes
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19 1876
7. AGE Years 62 Months 3 Days 0 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
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) Macon Co. Mo.

FATHER
13. NAME Calvin Mitchell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER
15. MAIDEN NAME Mary Cole
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT Samuel H. Barnes
(ADDRESS) Anabel R.R.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ten Mile Baptist DATE 2-21 1939

19. FUNERAL DIRECTOR (NAME) Stephens & Goodding
(ADDRESS) Macon, Mo.

20. FILED 3/1 1939 Leota Hunter
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-19 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 11 1939 to Feb 19 1939
I last saw her alive on Feb 15 1939. Death is said to have occurred on the date stated above, at 4:30 P.M.
The principal cause of death and related causes of importance were as follows:

influenza — Date of onset Feb 11 1939

Other contributory causes of importance:

Name of operation none Date of no
What test confirmed diagnosis? none Was there an autopsy?

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? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) D. L. Harlan, M. D.
(Address) Clarence Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-39-346
Date Filed MAR 14 1939

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 O. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, Mo.

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

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