

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

16826
Do not use this space.

1. PLACE OF DEATH
(a) County NEED JUN 12 1939 Registration District No. 3
(b) Township..... Primary Registration District No..... Registered No. 4360
(c) City..... (d) Street No. 5316 PERSHING AVE. St. Mo.
(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 1 yrs. 2 mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME WESLEY BARNER
(a) Residence, No. 1708 BELLGLADE St. Mo. (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 COL 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) ANNIE LOU BARNER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-5-1894

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>44</u>	<u>8</u>	<u>3</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. JANITOR

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)..... AUBORN
(STATE OR COUNTRY) ALA

FATHER

13. NAME GILES BARNER

14. BIRTHPLACE (CITY OR TOWN)..... UNKNOWN
(STATE OR COUNTRY) Mo

MOTHER

15. MAIDEN NAME UNKNOWN

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

17. INFORMANT Wesley B. Barner
(ADDRESS) 1708 Bellglade Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE GREENWOOD DATE 5-11 1939

19. FUNERAL DIRECTOR (NAME) LOVE FUNERAL HOME
(ADDRESS) 3103 WASHINGTON BLVD

20. FILED MAY 10 1939 J. B. Budlich
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/8/39 19

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 6:33 a.m.

The principal cause of death and related causes of importance were as follows:
Coronary Sclerosis, Cor. Arteriosclerosis

Date of onset

Other contributory causes of importance:
PH

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

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) Joseph M. McQuinn
(Address) St. Louis, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
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, or by.....

William C. McDowell

at Frank Stevens
Registered Apprentice No. *156*

working under my personal supervision.

Signed.....

William C. McDowell

Licensed Embalmer No.....

2117

P. O. Address.....

3506 Franklin Ave

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.