

SEP 21 1939

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

29915

Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 668  
(b) Township Sedalia Primary Registration District No. 6683032 Registered No. 261  
(c) City Sedalia (d) Street No. 317 East Saline 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 Infant Daughter of Roy Barnes

(a) Residence, No. 317 East Saline 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 1, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
Stillborn

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.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Sedalia (STATE OR COUNTRY) Mo.

FATHER 13. NAME Roy Barnes

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

MOTHER 15. MAIDEN NAME Grace Merk

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

17. INFORMANT Roy Barnes (ADDRESS) Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Creek DATE Sept. 2, 1939

19. FUNERAL DIRECTOR (NAME) Gillespie Funeral Home (ADDRESS) Sedalia, Mo.

20. FILED Sept 2 1939 Mrs Harry Sneed 966 (Address) 113 1/2 E 4th St Sedalia Mo

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 1/39 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1939, to Sept 1, 1939.  
I last saw h. alive on Sept 1, 1939. Death is said to have occurred on the date stated above, at 2:30 p.m.  
The principal cause of death and related causes of importance were as follows:

(monopelion monster - failure of head development)  
Heart failure (failure of closure of foramen ovale)

Other contributory causes of importance:

Name of operation 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) Chas Delfhouse M. D.  
(Address) 113 1/2 E 4th St Sedalia Mo

RECEIVED  
District Health Officer No. 8,  
District File Number  
9/27/39  
e Filed

### 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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**