

N. E.—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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

357771

State File No.

Registration

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County CEAR
(b) City or town Jerico Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
In the Country
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution A ll of life (Specify whether years, months or days)
In this community A ll of life

3. (a) PRINT FULL NAME ELIZABETH LEHMAN BARNES

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife John Barnes 6. (c) Age of husband or wife if alive de'cd years
7. Birth date of deceased Feb. 11, 1854
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 9 19 hr. min.

9. Birthplace Leina, Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Christian Lehman
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Mary Lehman
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Josephine Freeman
(b) Address Jerico Springs, Mo.
17. (a) Greenfield (b) Date thereof 10-31-1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenfield, Mo.
18. (a) Signature of funeral director M. C. Lewis & Co.
(b) Address Stockton, Mo.
19. (a) Oct-31-39 (b) Mrs. Mary Heifner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
(c) City or town Jerico Springs, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Rural (If rural, give location)
(e) If foreign born, how long in U. S. A.? always in Mo. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30 year 1939 hour 2 minute P M.
21. I hereby certify that I attended the deceased from 8/11/39 to 9/11/39, 19____; that I last saw her alive on 9/11/39, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death Cancer of the liver Duration ?

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature J. H. Bennett (M. D. or other) D.O.
Address Jerico Springs, Mo. Date signed 10/31/39

RECEIVED

District Health Officer No. 7;
District File Number 11-39-1536
Date Filed 11-6-39

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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton, Mo.

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.