DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 15 1940

Registration District No. 34

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1615

Primary Registration District No. 5086

Registrar's No.

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.

1. PLACE OF DEATH:

(a) County: Bates

(b) City or town: Hudson Twp Rural (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3½ mil S.W of Appleton City (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ? (Specify whether years, months or days)

In this community 50 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Bates

(c) City or town: Rural (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: JOHN. William. BARNES Jr

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widower

6. (b) Name of husband or wife: Emma Horner

6. (c) Age of husband or wife if alive years

7. Birth date of deceased: Oct (Month) 29 (Day) 1861 (Year)

8. AGE: Years 78 Months 12 Days 25 If less than one day hr. min.

9. Birthplace: Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

FATHER 12. Name: John W. Barnes

13. Birthplace: unknown (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Caroline Young

15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: H. D. Horner

(b) Address: Appleton City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 25-1940 (Month) (Day) (Year)

(c) Place: burial or cremation: Jennings Cem

18. (a) Signature of funeral director: Frank Lee

(b) Address: Appleton City Mo

19. (a) Feb 1 '40 (Date received local registrar) (b) Mrs. Bessie Gunn (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 24 day 24 year 1940 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 24, 1940, to Jan 24, 1940 that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: unknown.	
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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: R. L. Hanson (M. D. or other)

Address: Appleton City Mo Date signed 2-25-40

(Licensed Embalmer's Statement on Reverse Side)

76

12 30
1940 - 1 24
1861 - 10 - 29
78 - 2 - 25

RECEIVED
District Health Officer No. 7.
District File Number 2-40-216
Date Filed 2-13-40

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 M C on the 24 day of Jan 1940, Registered Apprentice No. ....., working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City Mo

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

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