

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.

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED MAR 7 1940

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 5789
 Registrar's No. 28

Registration District No. 36

Primary Registration District No. 3002

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town Mexico
 (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1120 N. Jefferson St. 2
 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 years
 (Specify whether years, months or days)

In this community 12 years

3. (a) PRINT FULL NAME Clayton Keith Barnes

3. (b) If veteran, name war ...

3. (c) Social Security No. ...

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dora May Barnes

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased May 3 1868
 (Month) (Day) (Year)

8. AGE: Years 71 Months 9 Days 17
 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business ...

MOTHER FATHER { 12. Name William A. Barnes

13. Birthplace Boone County, Missouri
 (City, town, or county) (State or foreign country)

14. Maiden name Virginia Smith

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

16. (a) Informant's own signature Mr. H. A. Barnes

(b) Address Mexico, MO.

17. (a) Burial (b) Date thereof Feb. 25, 40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Carl E. Pugh

(b) Address Mexico, Mo.

19. (a) Feb 23 1940 (b) Blanche Reely
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

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

(d) Street No. 1120 N. Jefferson St
 (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22
 year 1940 hour 12:40 minute A . M.

21. I hereby certify that I attended the deceased from Feb. 5, 1940, to Feb. 22, 1940,
 that I last saw him alive on Feb. 21, 1940,
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolus 2/21/40
Mural Thrombus Lt. Ventricle

Due to Embolus 15 yrs
Gastric ulcer 10 yrs

Other conditions ...
 (Include pregnancy within 3 months of death)

Major findings: g2w
 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) ...

23. Signature H. J. Haskins (a) D. or other ...
 Address Mexico, Mo. Date signed 2/23/40

RECEIVED DISTRICT OFFICE
HILL COUNTY RETURNED TO DISTRICT
DATE 3-7-40

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.....

Earl E. Precht

....., Registered Apprentice No.

working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.