

FILED MAR 1 1940

Registration District No. 148

Primary Registration District No. 5693

60

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County McDonald Co. Mo.
(b) City or town Goodman Mo.
(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 7 days years, months or days _____

3. (a) PRINT FULL NAME Charles Washington 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 Plorance Barnes 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Aug 3 - 1861 (Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation farming

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant C.O. Barnes

(b) Address Goodman Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-15-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Goodman Mo.

18. (a) Signature of funeral director Charles Leslie

(b) Address Goodman Mo.

19. (a) 3-10-40 (Date received local registrar) (b) Chas W Williams (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County McDonald

(c) City or town Goodman (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14 year 1940 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 24 1940, to Feb. 10, 1940;

that I last saw him alive on Feb. 9, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis of the popliteal artery

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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)

(e) Means of injury _____

23. Signature C. E. Mares (M. D. or other) _____

Address Neosho, Mo Date signed Feb. 26

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

Sanitary Health Officer No. 6,

District File Number

340-873

Date Filed

MAR 15 1940

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.