

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

8566

Do not use this space.

1. PLACE OF DEATH

(a) County Worth Registration District No. 904
 (b) Township Union Primary Registration District No. 6216
 (c) City Grand City (d) Street No. _____ 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 NETTIE MAE BARNES

(a) Residence, No. same 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. H. Barnes
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 20 1870
 7. AGE YEARS 69 MONTHS 3 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Worth (STATE OR COUNTRY) Mo.

FATHER 13. NAME Leri Nixon
 14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Louisa Mae Melton
 16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) W. H. Barnes
Grand City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Barnes Cem DATE 1/30 1940

19. FUNERAL DIRECTOR (NAME) A. C. Dyer (ADDRESS) Grand City Mo.

20. FILED Jan 30, 1940 Mr. O. H. Bond Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 28 1940 to Jan 28 1940
 I last saw h. e. alive on Jan 28 1940 Death is said to have occurred on the date stated above, at 5 P. m.
 The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
 Date of onset _____

Other contributory causes of importance: 94%

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? _____
 If so, specify _____
 (Signed) D. L. Dyer (Address) Grand City, Mo.

RECEIVED

District Health Officer No. 11;

District File Number 340-225

Date Filed MAR 5 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.....

Arch C. Dunfee

Licensed Embalmer No. 3252

P. O. Address *Grant City, 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.