

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16225

FILED MAY 24 1940

Registration District No. 806 Primary Registration District No. 4485 State File No. Registrar's No.

1. PLACE OF DEATH:
(a) County Schuyler
(b) City or town Queencity MO
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 152
In this community 152
years, months or days

3. (a) PRINT FULL NAME MARY JANE BARNES
3. (b) If veteran, name war No 3. (c) Social Security No.

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Elmer T. Barnes (Deceased) 6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased May 30 1851
(Month) (Day) (Year)

8. AGE: Years 88 Months 9 Days 17 If less than one day hr. min.

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

10. Usual occupation House Work

11. Industry or business same

12. Name James Dyer
13. Birthplace not known
(City, town, or county) (State or foreign country)
14. Maiden name Marguerite Harp
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Perle H. Hopper

(b) Address 1801-5477th St. Kansas City, MO

17. (a) Burial (b) Date thereof May 19 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Myers Cemetery

18. (a) Signature of funeral director Wm H West

(b) Address Queencity MO

19. (a) 5/18-1940 (b) 9:59 AM - Oliver Jones
(Date received local registrar) (Time) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Schuyler
(c) City or town Queen City
(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 May day 17
year 40 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Apr 20 1940 to May 17 1940
that I last saw him alive on May 13 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia
Due to Flu

Due to Flu

Other conditions: HW
(Include pregnancy within 3 months of death)

Major findings: no
Of operations no
Of autopsy no

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

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence -

(c) Where did injury occur? 718
(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. P. Gace (or other) DO

Address Queen City MO Date signed May 18

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

Duration
3dy
3 nks
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 5-40-1102

Date Filed MAY 22 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

Wm M. West

Registered Apprentice No.

working under my personal supervision.

Signed

Wm M. West

Licensed Embalmer No. 32882

P. O. Address

Queencity 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.