JUL 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

. No. 2
-11-10-39
5-17-39
I X21492

9

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

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21797

Registration District No. 944 Primary Registration District No. 5438 Registrar's No. 33

1. PLACE OF DEATH:
(a) County Greene (Taylor Twp)
(b) City or town ~~Springfield~~, Mo. Rt. 2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(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 Several Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield Rt. 2. Mo. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Taylor Twp
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Francis Marion Barnes 652
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 6 (Day) 1873 (Year)
8. AGE: Years 66 Months 9 Days 00 If less than one day hr. min.
9. Birthplace Somerset, Ky. (City, town, or county) 1 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business 1
FATHER 12. Name James Barnes
13. Birthplace Kentucky (City, town, or county) 1 (State or foreign country)
MOTHER 14. Maiden name Sarah Gill
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Elizabeth Price
(b) Address Rt. 2 Springfield Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 - 9 - 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Danforth
18. (a) Signature of funeral director Dunn Funeral Home
(b) Address 629 W. Walnut, Springfield, Mo
19. (a) June-12-40 (Date received local registrar) (b) Harry Guier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7th. year 1940 hour 6.30 minute P M.
21. I hereby certify that I attended the deceased from Apr 15, 1940, 19 to June 7, 1940 that I last saw him alive on May 17, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	2-3 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

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 L. A. Dale (M. D. or other)
Address Springfield, Mo Date signed 6/8/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office,
County File Number 40-7-50
Date Filed 7-10-40

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.....

....., 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.