SEP 1 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28271
Do not use this space.

1. PLACE OF DEATH
(a) County Clay — Registration District No. 198
(b) Township Fishing River — Primary Registration District No. 3011 — Registered No. 126
(c) or City Excelsior Springs, Mo. — (d) Street No. Veterans Administration Facility 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. 2 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Clarence E. Barnes 652
(a) Residence, No. R#4, Warrensburg, Mo. St. [ ] R#4, Warrensburg, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mildred Barnes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1, 1893

7. AGE — YEARS 47 — MONTHS 4 — DAYS 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) Warrensburg (STATE OR COUNTRY) Missouri

FATHER
13. NAME Lewis Barnes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Margaret Harness
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Hospital Records

18. REMOVAL PLACE Warrensburg, Mo. DATE 8/19/40 19

19. FUNERAL DIRECTOR (NAME) Sweeney-Phillips (ADDRESS) 109 E. Market, Warrensburg, Mo. 180

20. FILED Aug 18, 1940 Mrs Ker McCracken Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 18, 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug. 16, 1940, to Aug. 18, 1940
I last saw him alive on Aug. 18, 1940 Death is said to have occurred on the date stated above, at 9:15 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis, acute	

121

Other contributory causes of importance:
Appendectomy with shock

Name of operation Appendectomy Date of 8/16/40
What test confirmed diagnosis? Exam. & Obs. Was there an autopsy? No

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 Unknown
(Signed) M A German, M. D.
M. A. GERMAN, M.D. Clinical Director
(Address) Veterans Administration, Ex. Springs, Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

I X16605

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 9-14-70

OCT 19 1957

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 Bob Ray, Registered Apprentice No. 226, working under my personal supervision.

Signed Claude Pickens

Licensed Embalmer No. 2751

P. O. Address Excelsior Springs 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.