

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.

FILED OCT 11 1940

State File No. _____

Registration District No. _____

Primary Registration District No. 5113

Registrar's No. 12

1. PLACE OF DEATH:

(a) County BOONE
(b) City or town ROCKY FORD TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)
(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 _____
In this community 25 yrs (Specify whether years, months or days) _____

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County RAHWAY
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. EIGHT MILES SOUTH CENTRALIA, MO.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME JOHN FRY BARNES

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

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 OCT 15 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 11 6 hr. min.

9. Birthplace CALHAWAY CO. MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER { 12. Name RICHARD BARNES
13. Birthplace KY.
(City, town, or county) (State or foreign country)

{ 14. Maiden name SARAH FRY
15. Birthplace NEW BLAEMER MO MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Tom Hite
(b) Address Auxvass, Mo.

17. (a) Burial (b) Date thereof Sept 28 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concord Cemetery

18. (a) Signature of funeral director Hughes Mounif
(b) Address Auxvass, Mo.

19. (a) 9-22-40 (b) M. J. P. Smith
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21
year 1940 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from September 12, 1940, to Sept. 20, 1940
that I last saw him alive on Sept. 20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Bipolar-Pneumonia Duration 1 day

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? _____

75 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. S. ... (M. D. or other) D.D.

Address Centralia Mo. Date signed 9/22/40

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 Hughes Maupin
Licensed Embalmer No. 2358
P. O. Address Osage, 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.