JAN 23 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41702

Registration District No. 26 — Primary Registration District No. 3002 — Registrar's No. 169

X23159

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

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town Mexico (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Audrain Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hrs. (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. #1, Laddonia, Mo. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Clarence Barnes

3. (b) If veteran, name war None

3. (c) Social Security No. .....

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lillie M. Barnes

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased September 3, 1882 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
58	3	20	..... hr. ..... min.

9. Birthplace Audrain County, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Filing station operator

11. Industry or business

FATHER
12. Name Joseph Barnes
13. Birthplace ..... Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Maggie Cunningham
15. Birthplace ..... Ill. (City, town, or county) (State or foreign country)

16. (a) Informant C. E. Barnes.

(b) Address Laddonia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 25 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Farber, Missouri

18. (a) Signature of funeral director Earl E Prunk

(b) Address Mexico, Mo.

19. (a) Dec 24-1940 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23 year 1940 hour 12 minute Noon M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death .....

Due to Shock, - due to being crushed by falling tree

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

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) Accident.

(b) Date of occurrence Dec 23 - 194

(c) Where did injury occur? Laddonia Audrain Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)

While at work? No (e) Means of injury Crushed

23. Signature [signature] (M. D. or other)

Address Mexico Date signed 12/23-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-41-144
Date Filed

JUN 7 1944

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 Earl E. Precht, Registered Apprentice No. _____ working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.