

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 1828  
Registrar's No. 58

Registration District No. 85 Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(c) Name of hospital or institution:  
2733 So. 21st  
(d) Length of stay: In hospital or institution  
In this community 7 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(d) Street No. 2733 So. 21st Street  
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Amanda Elizabeth Barnes

8. (b) If veteran, name war. (c) Social Security No.

4. Sex F. 5. Color or race W.  
6. (a) Single, widowed, married, divorced. 2 divorced. Widowed.  
6. (b) Name of husband or wife. William  
6. (c) Age of husband or wife if alive. 31 years  
7. Birth date of deceased. May 31 1861  
(Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 12 If less than one day hr. min.

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

10. Usual occupation. housewife

11. Industry or business

12. Name William Suddens  
13. Birthplace Don't know  
14. Maiden name Galy Clark  
15. Birthplace Don't know

16. (a) Informant George J. Barnes  
(b) Address R.F.D. 3, Independence Mo

17. (a) Burial or removal Date thereof 1/15/41  
(b) Place: burial or cremation. Church cemetery  
(c) Place: burial or cremation

18. (a) Signature of funeral director W. A. Suddens  
(b) Address Glasgow, Mo

19. (a) 1-14-1941 (b) J. J. Nestlebrook  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13  
year 1941 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec. 30, 1940 to Jan. 13, 1941 that I last saw her alive on January 13, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Due to Arterio-sclerosis

Other conditions Paralysis Agitans  
Major findings: Of operations - Of autopsy -

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

28. Signature Maxwell Day  
Address 218 47th St Joseph Date signed 1-13-41

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

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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 H. A. Sullivan  
Licensed Embalmer No. 1739  
P. O. Address Gowers 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!**