

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **3106**

FEB 17 1941
Registration District No. **439**

Primary Registration District No. **5-5-96**

Registrar's No. **3-**

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

1. PLACE OF DEATH:

(a) County **Knox**
(b) City or town **Baring** (rural)
(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 **1** (Specify whether years, months or days)
In this community **10** years

3. (a) PRINT FULL NAME **Clada Arlene Barnes**

3. (b) If veteran, name war **No.** 3. (c) Social Security No.

4. Sex **F.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife **alive** 6. (c) Age of husband or wife if years

7. Birth date of deceased **Aug - 11 - 1923.** (Month) (Day) (Year)

8. AGE: Years **17** Months **5** Days **11** If less than one day hr. min.

9. Birthplace **Baring** (City, town, or county) **Missouri** (State or foreign country)

10. Usual occupation **Student**

11. Industry or business

MOTHER FATHER { 12. Name **Albert Barnes**
13. Birthplace **Willmathville** (City, town, or county) **Mo.** (State or foreign country)
14. Maiden name **Ethel Rowlison**
15. Birthplace **Hazelville** (City, town, or county) **Mo.** (State or foreign country)

16. (a) Informant **Mrs. Ethel Barnes** (b) Address **Baring** **Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Jan - 23 - 1941** (Month) (Day) (Year)

(c) Place: burial or cremation **Pleasant Ridge**

18. (a) Signature of funeral director **Edna M. Smith**

(b) Address **Edna M. Smith**

19. (a) **Jan 23 1941** (Date received local registrar) (b) **Mrs. M. M. Smith** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Knox**
(c) City or town **Baring** (rural)
(If outside city or town limits, write "RURAL")

(d) Street No. **Birmingham 707** (If rural, give location)

(e) If foreign born, how long in U. S. A? **9** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **22** year **1941** hour **6 pm** minute **M.**

21. I hereby certify that I attended the deceased from **Jan 20** 1941 to **Jan 22** 1941

that I last saw her alive on **Jan 22** 1941 and that death occurred on the date and hour stated above.

Immediate cause of death **Scarlet Fever** Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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? (City or town) (County) (State)

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

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

23. Signature **Dr. E. L. Luman** (M. D. or other)

Address **Edna M. Smith** Date signed **Jan 23 1941**

RECEIVED

District Health Officer No. 10

District File Number 2-41-285-

Date Filed FEB 14 1941

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.