No. 2
-4-41
17-39
X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19405 State File No. [illegible]

Registration District No. 4 Primary Registration District No. 6232 Registrar's No. 25

1. PLACE OF DEATH:

(a) County AUDRAIN

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

(c) Name of hospital or institution: 1 7 mi South of Vandalia (If not in hospital or institution, write street number or location)

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

In this community ALL LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Audrain

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

(d) Street No. 7 miles South of Vandalia (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Walter Levi Barnes

3. (b) If veteran, name war

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife LAURA BARNES

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased SEPTEMBER (Month) 10 (Day) 1888 (Year)

8. AGE:	Years	Months	Days	If less than one day
	52	8	26	hr. min.

9. Birthplace Cuivre Twp And Co Missouri (City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

MOTHER FATHER

12. Name D. B. BARNES

13. Birthplace Illinois (City, town, or county) (State or foreign country)

14. Maiden name LAVINA HADSELL

15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant MRS. LAURA BARNES

(b) Address VANDALIA MISSOURI

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 8 1941 (Month) (Day) (Year)

(c) Place: burial or cremation FARBER CEMETERY

18. (a) Signature of funeral director U. S. Waters

(b) Address Vandalia Missouri

19. (a) 6/6/41 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5

year 1941 hour 11 minute P 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.

	Duration
Immediate cause of death Coroner's Verdict	
after viewing the body of Walter	
Due to Levi Barnes & found	
that he came to his	
Due to death from natural causes	
unknown —	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Ely Houston, Coroner (M. D. or other)

Address Vandalia Mo Date signed 6/6/41

(Licensed Embalmer's Statement on Reverse Side)

JUN 20 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 Khrim B. Waters

Licensed Embalmer No. #1669

P. O. Address Vandalia

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

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