

Registration District No. 277

Primary Registration District No. 5611

1. PLACE OF DEATH:

(a) County. Laclede
(b) City or town. Rural Smith Twp.
(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. (Specify whether

In this community
years, months or days)

3. (a) PRINT FULL NAME Dorothy May Barnes

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex Female
5. Color or race white

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

6. (b) Name of husband or wife
La Fayette Barnes

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

7. Birth date of deceased
(Month) (Day) (Year)

Oct 1 - 1913

8. AGE: Years Months Days If less than one day
27 3 23 hr. min.

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

10. Usual occupation at Home

11. Industry or business

12. Name Lewis D. Williams

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

14. Maiden name Anna Campbell

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

16. (a) Informant La Fayette Barnes

(b) Address Route 1 Lebanon Mo.

17. (a) burial (b) Date thereof Jan 25/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cimlin Cemetery

18. (a) Signature of funeral director none

(b) Address

19. (a) 6-16-1941 (b) C.E. Carless
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Laclede
(c) City or town Rural Smith Twp.
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24
year 1941 hour noon minute M.

21. I hereby certify that I attended the deceased from
Jan 20 1941 to Jan 24 1941.
that I last saw him alive on Jan 24 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute Pericarditis
hypertension
Due to Pregnancy 8 1/2 mo

Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none

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?

400 (Specify type of place) (b) Means of injury

23. Signature Quett A. Pivon (M. D. physician)

Address Richland Mo. Date signed 6-16/41

144 B

RECEIVED

District Health Officer No. 7,

District File Number 7-41-1137

Date Filed 7-8-41

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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22006

Registration District No. 277

Primary Registration District No. 5611

Registrar's No. 5

1. PLACE OF DEATH

- (a) County Laclede
(b) City or town Rural
(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 _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Dorothy M Barnes

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife If alive _____ year _____

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

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

9. Birthplace _____ (City, town, or country) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) _____ (Day) _____ (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State mo (b) County Laclede
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24 year 1947 hour _____ minute _____ M.

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

Immediate cause of death _____ Duration _____

Acute parenchymatous nephritis mo

Due to a pregnancy 8 1/2 mo

There was a delivery of a normal child

about 20 days -

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

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

Every U. S. station
Richland mo.

SUPPLEMENTARY

145/2

