No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 18 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr Davis

State File No. 25548

Registration District No. 527 Primary Registration District No. 5703 Registrar's No.

1 0 0

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

1. PLACE OF DEATH:
(a) County Macon
(b) City or town Bevier Rural 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 —
In this community — 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 061 8
(a) State Mo (b) County Macon
(c) City or town Bevier Rural
(If outside city or town limits, write "RURAL")
(d) Street No. —
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — 0 years.

3. (a) PRINT FULL NAME Monroe Barnes
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband~~ or wife Linda Barnes
6. (c) Age of ~~husband~~ or wife if alive 70 years
7. Birth date of deceased March (Month) 8 (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
73	4	0	hr. min.

9. Birthplace Macon (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Christopher Barnes
13. Birthplace Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Saforna Seney
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Linda Barnes
(b) Address Macon, Mo RFD # 3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-10-41 (Month) (Day) (Year)
(c) Place: burial or cremation West Oakwood Bevier
18. (a) Signature of funeral director W. J. Edwards
(b) Address Bevier Mo
19. (a) July 18-1941 (Date received local registrar) Edw Simpson (Registrar's signature)
470

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8 year 1941 hour 12 minute 30 17 M.
21. I hereby certify that I attended the deceased from Mar-4, 1941, to July 8, 1941; that I last saw him alive on July 8-41, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Stomach	
Due to Do not know	
Due to 46 B	
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 W. A. Davis (M. D. ~~or other~~) D
Address 124½ Vine st. Macon Mo Date signed July 17-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-41-1492
Date Filed AUG 13 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~~ W. G. Edwards, Registered Apprentice No. ..... working under my personal supervision.

Signed W. G. Edwards

Licensed Embalmer No. 1961

P. O. Address Bowler Mo.

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

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