

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28859

FILED SEP 10 1941

Registration District No. 56

5750

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Meru
(b) City or town Princeton - Morgan Turn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Hospital & Home 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 years (Specify whether
In this community unknown, have no record
years, months or days)

3. (a) PRINT
FULL NAME

Eduwan Barnes

3. (b) If veteran,

name war Don't know

3. (c) Social Security

No. Do not know

4. Sex male

5. Color or
race white

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased No record when born
he said he (Month) 8 (Day) 1 (Year) 1941

8. AGE:

Years

Months

Days

If less than one day

81

hr.

min.

9. Birthplace

unknown

(City, town, or county)

(State or foreign country)

10. Usual occupation

Farmer & Vet. farrier

11. Industry or business

Farmer & Vet. farrier

12. Name

unknown

13. Birthplace

unknown

(City, town, or county)

(State or foreign country)

14. Maiden name

unknown

15. Birthplace

unknown

(City, town, or county)

(State or foreign country)

16. (a) Informant

County Supt. of Meru Co

(b) Address

Princeton, Jess Holmes, Princeton

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

Aug. 2, 1941

(Month) (Day) (Year)

(c) Place: burial or cremation

Princeton

18. (a) Signature of funeral director

Not used

(b) Address

Princeton, Mo.

19. (a)

(Date received local registrar)

(b)

J. M. Perry

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moreau 65
(c) City or town Princeton 110
(If outside city or town limits, write "RURAL")
(d) Street No. RT 82 (If rural, give location)
(e) Citizen of foreign country? Citizen of US (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 12
year 1941 hour 1 minute P.M.

21. I hereby certify that I attended the deceased from July 1 1941
27 to Aug 1 1941
that I last saw him alive on Aug 1 1941
and that death occurred on the date and hour stated above.

Immediate cause of death

Bronchial pneumonia 5 days

Due to

Chronic Kidney
Acute Chronic

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

Major findings:

Of operations —

Of autopsy none

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence July 27 - 41
(c) Where did injury occur? County home
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
no (Specify type of place) (e) Means of injury Fall from

23. Signature

J. M. Perry

(M. D. or other)

Address

Princeton, Mo.

Date signed 8/24/41

(Licensed Embalmer's Statement on Reverse Side)

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

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.