No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35144

Registration District No. 4236 Primary Registration District No. 894 4231 Registrar's No. 9

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

47
0
0

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Pilot Knob Iron
(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 1 (Specify whether
In this community 5 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 047

(c) City or town Pilot Knob 0
(If outside city or town limits, write "RURAL")

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

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

If yes, name country 0

3. (a) PRINT FULL NAME Lowell May Barnes

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex fem

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 6 (Day) 1941 (Year)

8. AGE: Years 0 Months 5 Days 23 If less than one day hr. min.

9. Birthplace Pilot Knob (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation none

11. Industry or business

FATHER
12. Name Elmer Barnes
13. Birthplace Pilot Knob (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Mildred Prater
15. Birthplace Buick (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Elmer Barnes
(b) Address Pilot Knob Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/30/41 (Month) (Day) (Year)
(c) Place: burial or cremation Pilot Knob Mo.

18. (a) Signature of funeral director Norman White & Sons
(b) Address A. S. White Ironton Mo.

19. (a) Oct 29 1941 (Date received local registrar) (b) L J Effinger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29
year 1941 hour 5 minute 00 A 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.

Immediate cause of death Spasms

Due to probly to warm

Due to

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

119a 2

Major findings:
Of operations none

Of autopsy none

Duration

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 Oct 29 1941
(c) Where did injury occur? Pilot Knob Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at Home
(Specify type of place)
While at work? No (e) Means of injury Spasms

23. Signature W. A. Rabfield (M.D. or other) Coroner
Address Ironton Mo 2 Date signed 10/29/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....was not embalmed....., 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 w the above constitutes grounds for revocation of license.)

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