S. No. 2
M—9-4-41
v. 5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 6 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41561

Registration District No. 163 Primary Registration District No. 4095 Registrar's No. 62

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

20 / / /

1. PLACE OF DEATH:
(a) County Cedar Twp
(b) City or town El Dorado Springs Mo
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cedar 20
(c) City or town El Dorado Springs /
(If outside city or town limits, write "RURAL")
(d) Street No. 404 East Martin /
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph B Barnes

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dollie Barnes 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Aug (Month) 10 (Day) 1869 (Year)

8. AGE: Years 72 Months 4 Days 17 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name William A Barnes
13. Birthplace (City, town, or county) Tenn / (State or foreign country)

MOTHER
14. Maiden name Drucilla Davis
15. Birthplace (City, town, or county) Ky / (State or foreign country)

16. (a) Informant Mrs Dollie Barnes
(b) Address El Dorado Springs Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec-30-1941 (Month) (Day) (Year)
(c) Place: burial or cremation El Dorado Springs Cem

18. (a) Signature of funeral director Gwinn-Siders
(b) Address El Dorado Springs Mo

19. (a) Dec-29-41 (Date received local registrar) (b) L. A. Hubbard (Registrar's signature)

1010

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27 year 1941 hour 3.30 minute P M.

21. I hereby certify that I attended the deceased from Mar 28 1941, to Dec 27 1941; that I last saw him alive on Dec 26 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

131a

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 J. H. Dawson (M. D. or other)
Address El Dorado Spgs Date signed 12-29-41

(Licensed Embalmer's Statement on Reverse Side)

MAR 26 1942

FEB 3 1942

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 M D Swim

Licensed Embalmer No. 2034

P. O. Address Edwards Springs Mo

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.