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228390

FILED APR 24 1942

Registration District No. 22

Primary Registration District No. 5031

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Atchison
(b) City or town Rural Lincoln Twn
(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 Five Years years, months or days)

3. (a) PRINT FULL NAME Suzanne 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 Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April, 9th, 1873 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 8 19 hr. min.

9. Birthplace Buchanan County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Osteopath

11. Industry or business _____

MOTHER, FATHER { 12. Name James Barnes
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Ann Elizabeth Wood
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Mrs W. M. Clark
(b) Address Blanchard, Iowa

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan, 30th (Month) (Day) (Year) 42
(c) Place: burial or cremation Home Cemetery Tarkio, Mo

18. (a) Signature of funeral director [Signature] (b) Address Westboro, Missouri

19. (a) Jan 30, 1942 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison 003
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Lincoln Twn - Near Blanchard, Ia
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 28
year 1942 hour 10 minute _____ P.M.

21. I hereby certify that I attended the deceased from JAN 28
28 1942 to JAN 28 1942
that I last saw E. S. alive on JAN 28 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration
CHEMOPALIA ✓
SHOCK

Due to _____
Due to _____

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

Major findings: _____ PHYSICIAN
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) 42
(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 Thos F Jay (M. D. or other) 21
Address Westboro Mo Date signed Jan 26, 42

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

003
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767

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.....

Scott Tucker

Registered Apprentice No.....

working under my personal supervision.

Scott Tucker

Signed.....

Scott Tucker

Licensed Embalmer No. **2824**

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. 10024

Registration District No. 22

Primary Registration District No. 5031

Registrar's No.

1. PLACE OF DEATH:

(a) County Atchison

(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 Suzanne 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 _____

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Apr 9
(Month) (Day) (Year)

8. AGE: 68 Years 8 Months 19 Days
(if less than one day _____ min.)

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (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 _____ (b) County _____

(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 28 Year 1942 Hour _____ Minute _____ M.

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

Immediate cause of death _____
Pneumonia
Lobar

Due to _____

Due to _____

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

Major findings:
Of operations _____ 106

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

