

FILED MAY 8 1942
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Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 331

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

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 979 N. BROADWAY 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 804 N. 6 mo. 4 DAYS
(Specify whether years, months or days)
In this community 804 N. 6 mo. 4 DAYS

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 979 North Broadway
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME STERLING KILPATRICK BARNES

MEDICAL CERTIFICATION

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

20. DATE OF DEATH: Month April day 27th year 1942 hour 8 minute 45 P.M.

4. Sex MALE 5. Color or race WHITE

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

21. I hereby certify that I attended the deceased from 4-21 1942 to 4/28 1942
that I last saw him alive on 4/22 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive Dec. 23 years 1861

Immediate cause of death Arteriosclerosis
Intentional auto toxicemia

7. Birth date of deceased: (Month) OCT. (Day) 23 (Year) 1861

Due to Senile dementia 3 mo

8. AGE: Years 80 Months 6 Days 4 If less than one day hr. min.

9. Birthplace: Greene Co. Mo.

Due to _____

10. Usual occupation Retired Farmer (40 yr)

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business Farming

Major findings: Of operations 97

12. Name John Barnes

Of autopsy _____

13. Birthplace Unknown Tenn.

Underline the cause to which death should be charged statistically.

14. Maiden name Laura Windett

15. Birthplace Unknown Georgia

16. (a) Informant W. J. Barnes

17. (a) Address R#5 Springfield Mo.

18. (a) Signature of funeral director J. W. Klingner Co.

19. (a) Date received local registrar April 24-1942

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? _____

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

23. Signature C. E. Feller (M. D. or _____)

Address Springfield Mo. Date signed 4/28/42

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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.

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