

FILED JUN 25 1942

State File No.

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 162

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9  
3  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: *Butler*

(a) County: *Butler*

(b) City or town: *Poplar Bluff mo*  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: *1*  
(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: *Butler*

(c) City or town: *Poplar Bluff mo*  
(If outside city or town limits, write "RURAL")

(d) Street No. *527 Harper St*  
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME: *Johnnie Mae Barnes*

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex: *female* 3. 5. Color or race: *colored* 6. (a) Single, widowed, married, divorced: *0*

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

7. Birth date of deceased: *May 20 1942*  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *May* day *20*  
year *1942* hour *4:30 PM* minute *P.* M.

21. I hereby certify that I attended the deceased from *May 20 1942* to *May 20 1942*  
that I last saw him alive on *May 20 1942*  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
*6 hr. 30 min.*

Immediate cause of death: *Premature*

Due to.....

Due to..... *159*

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

9. Birthplace: *Poplar Bluff mo* 0  
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings:  
Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

10. Usual occupation.....

11. Industry or business: *infant*

MOTHER FATHER { 12. Name: *Johnny Lee Barnes*

13. Birthplace: *Arkansas* 1  
(City, town, or county) (State or foreign country)

14. Maiden name: *Ma Mae Inman*

15. Birthplace: *Arkansas* 1  
(City, town, or county) (State or foreign country)

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

(a) Accident, suicide, or homicide (specify) *no*

(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 *0*

23. Signature: *Alfred R. Love* (M. D. or other) *0*  
Address..... Date signed.....

16. (a) Informant: *Johnny Lee Barnes*

(b) Address: *Poplar Bluff mo*

17. (a) *Burial* (b) Date thereof: *5-21-42*  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: *City Cem*

18. (a) Signature of funeral director: *AS family*

(b) Address.....

19. (a) *5/20/42* (b) *Bill Turner*  
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Office No. 2,

District File Number 642-781

and Filed JUN 18 1942

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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.**