

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24696

State File No. _____

Registration District No. 490

Primary Registration District No. 5653

Registrar's No. 23

1. PLACE OF DEATH:

- (a) County Lincoln
(b) City or town Siles Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community: This Community years, months or days)

3. (a) PRINT
FULL NAME

William J. Barnes

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex Male 5. Color of R.
race R.

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

6. (b) Name of husband or wife
Lillie Barnes

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

7. Birth date of deceased Aug 29 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 11 1 hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

12. Name George Barnes

13. Birthplace Licking Mo. U
(City, town, or county) (State or foreign country)

14. Maiden name Fanny Ann Barnes

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

16. (a) Informant Mabel Norman

(b) Address Siles Mo.

17. (a) _____ (b) Date thereof July 31 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Corner Stone

18. (a) Signature of funeral director W. R. Norman

(b) Address Siles Mo.

19. (a) Aug 6 1942 (b) G. H. Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Lincoln
(c) City or town Siles (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1942 hour 17 minute A.M.

21. I hereby certify that I attended the deceased from July 23
1942 to July 30 1942

that I last saw him alive on July 29 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration

Chronic Myocarditis
+ Angina Pectoris

Due to _____

Due to Artero-Sclerosis

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

Major findings:
Of operations _____

Of autopsy No.

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?

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

23. Signature G. H. Williams (M. D. or other) _____

Address Siles Mo. Date signed Aug 2 1942

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 2 1943

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. me
working under my personal supervision.

Signed

W. R. Dunning

Licensed Embalmer No.

2251

P. O. Address

Self MD

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.