

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 14 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Williams 4629

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

- (a) County Ripley Co.
(b) City or town Hatewood
(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 years, months or days)

In this community years, months or days

3. (a) PRINT FULL NAME Levi P. Barnes

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

4. Sex M. 5. Color or race W. 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 9 9 1866 (Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days 28 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Walter Isenow

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

14. Maiden name Elizabeth Barnes

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

16. (a) Informant's own signature Bill Parker

(b) Address Hatewood, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-8-42 (Month) (Day) (Year)

(c) Place: burial or cremation Tucker Cem.

18. (a) Signature of funeral director W. H. Leiby

(b) Address Cassidy, Ark.

19. (a) 10-19-42 (Date received local registrar) (b) E. B. Johnston (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) If foreign born, how long in U. S. A. 11 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7 year 1942 hour 9 minutes 5 P. M.

21. I hereby certify that I attended the deceased from July 13 1941 to Aug 9 1942

that I last saw him alive on July 13 1941 and that death occurred on the date and hour stated above.

Immediate cause of death

Hypertension
Due to arteriosclerosis - Regurgitation

Due to

Other conditions (include pregnancy within 3 months of death) 92a

Major findings: Of operations none

Of autopsy

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 J. E. Williams (M. D. or other)

Address Doniphan, Mo. Date signed

RECEIVED

District Health Officer N.H. J.

District File No. 1142998
Filed 11-18-42

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, above space should be left blank.