

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 17 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42290

Registration District No. 375

Primary Registration District No. 6280

Registrar's No. 77

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Mansfield Rural - Hartsville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: at the home of Myrtle Schrouder 6 miles north of Mansfield
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community 67 yrs.

3. (a) PRINT FULL NAME HESTER BARNES

8. (b) If veteran, name war _____ 8. (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 Unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 3 16 1875
(Month) (Day) (Year)

8. AGE: Years 67 Months 7 Days 13 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Hughes Fullington
13. Birthplace Mo. O
(City, town, or county) (State or foreign country)
14. Maiden name Martha Collier
15. Birthplace Hartsville Mo. O
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Simlin
(b) Address Hartsville Mo.

17. (a) Burial (b) Date thereof 10-31-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prussian Hill Cem.

18. (a) Signature of funeral director Gene E. Holden
(b) Address Hartsville Mo.

19. (a) 12-4-1942 (b) W.T. Wynn
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Wright
(c) City or town Hartsville Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 6 miles north of Hartsville
(If rural, give location) Mansfield
(e) If foreign born, how long in U. S. A. 114 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 29
year 1942 hour 2:00 minute 30 A.M.

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

Immediate cause of death Acute Cerebral Hemorrhage
Due to Death was sudden and without medicine
Due to Card

Other conditions (Include pregnancy within 3 months of death) 830

Major findings: same
Of operations: same
Of autopsy: same

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? Yes (Specify type of place) _____ (a) Means of injury Corner
23. Signature J.A. Stoff (M.D. or other) _____
Address Mansfield Mo. Date signed _____

833

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 1242-1766

Date Filed DEC 15 1942

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 Gene E. Halden

Licensed Embalmer No. 3865

P. O. Address Hartsville Mo

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.