

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2999
 Do not use this space.

FILED FEB 8 1943

1. PLACE OF DEATH

(a) County Oregon Registration District No. 255
 (b) Township Highland Primary Registration District No. 0872
 (c) City Peace Valley Mo (d) Street No. new home of Mr. George Ross Registered No. 48 15
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 101 yrs. 4 mos 24 ds. (f) How long in U. S., if of foreign birth 101 yrs. 4 mos 24 ds.

2. PRINT FULL NAME Harriet Barnes

(a) Residence, No. Peace Valley R. 1 St. (If nonresident, give city or town and State) 1
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lansie Barnes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-20-1841

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
101 4 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minnesota

13. NAME Burgess

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minnesota

15. MAIDEN NAME Wilkens

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

17. INFORMANT Peace Valley Route 1 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Redburn Cem. DATE 1-15-43

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Paige Robertson M. West Plains Mo.

20. FILED 1/25 19 43 Henry M. Williams Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 13, 1943

22. I HEREBY CERTIFY, That I attended deceased from last six months, 19... I last saw h 7 months saw in person Death is said to have occurred on the date stated above, at 12 P m. The principal cause of death and related causes of importance were as follows:

Acute Bronchitis
 Date of onset
 Other contributory causes of importance: 106a

Name of operation Date of... What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury... 19... Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) P. D. Spence, M. D. (Address) West Plains, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. 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.

800

U. S. NO. 1 50M-9-16-42 I X16603

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.