

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7879**

Registration District No. **243**

Primary Registration District No. **6162**

Registrar's No. **4**

1. PLACE OF DEATH:

(a) County **Stone**
(b) City or town **Ruth Sp. Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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

3. (a) PRINT FULL NAME **Lloyd Raymond BARNES**

3. (b) If veteran, name war. 3. (c) Social Security No. **487-24-0657**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Eula Barnes** 6. (c) Age of husband or wife if alive **25** years
7. Birth date of deceased **Oct 13 1913**
(Month) (Day) (Year)

8. AGE: Years **29** Months **3** Days **21** If less than one day hr. min.

9. Birthplace **Okla** (City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business

12. Name **Foster Barnes**
13. Birthplace **Mo** (City, town, or county) (State or foreign country)
14. Maiden name **Cora Butler**
15. Birthplace **Mo** (City, town, or county) (State or foreign country)

16. (a) Informant **Eula Barnes**
(b) Address **Reeds Spring Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Feb 7 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **Greenham Cemetery**

18. (a) Signature of funeral director **Coon Funeral Home**
(b) Address **Cassville Mo**

19. (a) **Feb 6, 1943** (Date received local registrar) (b) **Ruby Arnold** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Stone**
(c) City or town **Ruth Sp. Rural** (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 **Feb** day **3** year **1943** hour **2:30** minute **A.M.**

21. I hereby certify that I attended the deceased from **Feb 1 1943** to **Feb 3 1943**
that I last saw him alive on **Feb 3** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **3**
over exertion

Due to **over exertion**

Due to **1**

Other conditions (Include pregnancy within 3 months of death) **130**

Major findings: Of operations

Of autopsy

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

(a) Accident, suicide, or homicide (specify) **accident**
(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 **L. S. Stimm** (M. D. or other) Date signed **2/3/43**

1282

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 0,

District File Number 343-332

Date Filed MAY 6 1943

MAY 8

MAY 25 1943

MAY 25 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.....
working under my personal supervision.

Signed

John E. Myers

Licensed Embalmer No.

3270

P. O. Address

Cassville, 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, fact should be so stated above.