

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10818

State File No. _____

Registrar's No. 54

ED APR 14 1943

Registration District No. 207

Primary Registration District No. 5757

1. PLACE OF DEATH:

(a) County Maries
(b) City or town Vichy Mo., Colman Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 10
(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 Morton W. Barnes, 2nd. Lt.

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

4. Sex Male 5. Color or race White 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 May 9, 1920
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
22 10 7 hr. min.

9. Birthplace New York City, New York
(City, town, or county) (State or foreign country)

10. Usual occupation U.S. Army, 2nd Lt. Air Force
Serial ASN-098-234

11. Industry or business _____

12. Name Morton J. Barnes,
Dont Know

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

14. Maiden name Minnie H. Barnes

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

16. (a) Informant Military records

(b) Address Vichy Army Airport, Vichy Mo
Removal

17. (a) (Burial, cremation, or removal) (b) Date thereof 3-29-43
(Month) (Day) (Year)

(c) Place: burial or cremation Great Kills, New York

18. (a) Signature of funeral director Null Funeral Home

(b) Address 508 West 8th St., Rolla Mo.

19. (a) 3-29-43 (b) Erna Bassett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State New York (b) County _____
(c) City or town Eltingville, Staten I. N.Y.
(If outside city or town limits, write "RURAL")
(d) Street No. 4293 Richmond Ave.,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 27
year 1943 hour 11 minute 45 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h.f.m. alive on 3-27, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Fracture skull Duration _____

Due to Aircraft accident

Due to _____

Other conditions Severe burns
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy None

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) Accident 063

(b) Date of occurrence 3-27-43

(c) Where did injury occur? near Vichy Airport, Maries Co Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In field near airport

While at work? Yes (Specify type of place) (e) Means of injury motor failure

23. Signature Howard (M. D. or other)

Address Rolla, Mo. Date signed 3/28/43

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

1096

Maries County Coloner

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, fact should be so stated above.