. S. No. 2
M—9-4-41
. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 14 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17728

Registration District No. 98

Primary Registration District No. 4163

Registrar's No. 56

1. PLACE OF DEATH:
(a) County Daviess
(b) City or town Jamesport
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(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 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State ~~Daviess~~ Mo. (b) County Daviess
(c) City or town Jamesport
(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

3. (a) PRINT FULL NAME BARSHA ELIZABETH HANES
3. (b) If veteran, name war None
3. (c) Social Security No. ~~4774~~ None

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Homer Hanes
6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased Dec 8 (Month) (Day) 1860 (Year)

8. AGE: Years 82 Months 5 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation house wife
11. Industry or business

MOTHER FATHER
12. Name ALFRED SHAFER
13. Birthplace Virginia (City, town, or county) (State or foreign country)
14. Maiden name NANCY Glenn
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Abner Smith
(b) Address Jamesport
17. (a) Oberse Cem (Burial, cremation, or removal) (b) Date thereof May 15 43 (Month) (Day) (Year)
(c) Place: burial or cremation Burial
18. (a) Signature of funeral director H S Robertson
(b) Address Jamesport Mo
19. (a) 5-14-1943 (Date received local registrar) (b) T. E. Dickerson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14 year 1943 hour 12 minute 15 a. M.
21. I hereby certify that I attended the deceased from June 15, 1941 to May 13, 1943 that I last saw her alive on May 13, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coma	48 hrs,
Due to Malarial Toxemia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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)
(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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature P. V. Thompson (M. D. or other) M.D.
Address Jamesport, Mo. Date signed 5/14/43

1084

(Licensed Embalmer's Statement on Reverse Side)

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 H. S. Robison

Licensed Embalmer No. 2001

P. O. Address Jamestown

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.