

FILED MAY 24 1944

Registration District No. 2

Primary Registration District No. 0056

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

1. PLACE OF DEATH:
 (a) County Randolph
 (b) City or town Moberly
 (c) Name of hospital or institution: 319 E. Reed St. 1
 (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 Christend Barnes
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female Color or race col
 5. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Otis Barnes 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 2 1912
 (Month) (Day) (Year)

8. AGE: Years 31 Months 2 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Dalton MO
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

MOTHER { 11. Industry or business _____
 12. Name Martin Ray
 13. Birthplace MO
 14. Maiden name Almedia Wilson
 15. Birthplace MO

16. (a) Informant Otis Barnes
 (b) Address 319 E. Reed St

17. (a) Burial (b) Date thereof April 26 43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sturgeon Mo.

18. (a) Signature of funeral director J. Smith
 (b) Address Moberly, Mo.
 19. (a) 4-26-43 (b) Irma Haver
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Randolph
 (c) City or town Moberly
 (d) Street No. 319 E. Reed St
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 22
 year 1943 hour 11 minute 30 M.

21. I hereby certify that I attended the deceased from Jan 1
1943 to April 22 1943
 that I last saw her alive on April 15 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis Pulmonary
 Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____

PHYSICIAN
 Major findings: none
 Of operations _____
 Of autopsy none
 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 _____

23. Signature J. Smith (M. D. or other) _____
 Address Moberly, Mo. Date signed 4/24/43

RECEIVED

District Health Officer No. 10

District File No. 5-43-824

Date Filed MAY 21 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 Robert L. Carr

Licensed Embalmer No. 3190

P. O. Address Mobley, 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.