S. No. 2
M—5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

21667

State File No.

Registration District No. 156 — 0 JUL 12 1943

Primary Registration District No. 2001

Registrar's No. 341

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 305 Byers (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community always years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49 2 5

(c) City or town Joplin (If outside city or town limits, write "RURAL")

(d) Street No. 305 Byers (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 10

3. (a) PRINT FULL NAME Sarah Judith Simpson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug. (Month) 16 (Day) 1870 (Year)

8. AGE: Years 72 Months 10 Days 0 If less than one day hr. min.

9. Birthplace Marionville (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Teacherfe

11. Industry or business

FATHER
12. Name Capt. Noble Ladd Barnes
13. Birthplace Unknown (City, town, or county) Wisconsin (State or foreign country)

MOTHER
14. Maiden name Mary Richards
15. Birthplace Unknown (City, town, or county) Wisconsin (State or foreign country)

16. (a) Informant Mrs. Helen Connelly

(b) Address 305 Byers

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-17-43 (Month) (Day) (Year)

(c) Place: burial or cremation Fairview

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address Joplin, Missouri

19. (a) 6-17-43 (Date received local registrar) (b) Gertrude Sudhoelter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16 year 1943 hour 3 minute 15 a M.

21. I hereby certify that I attended the deceased from 3-31-43, 19, to 6-12-43, 19; that I last saw her alive on 6-12-43, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	4 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

93

Major findings:
Of operations none
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)

(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 R. Kirkham Jr. M.D. (M. D. or other)

Address Joplin Mo Date signed 6/16/43

1204

(Licensed Embalmer's Statement on Reverse Side)

43-6858

JUN 9 1948

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Jefferson 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.