

FILED JUN 24 1948

Registration District No. 383 Primary Registration District No. 3037-423 Registrar's No. 85-

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

1. PLACE OF DEATH:

(a) County Laurance

(b) City or town State City
(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)

In this community 68 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARY, ANICE, BARNES.

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Wife 6. (c) Age of husband or wife if Geo W Barnes alive Dead, years

7. Birth date of deceased Nov 12 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

68 6 7 _____ hr. _____ min.

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

10. Usual occupation House Keeper

11. Industry or business Farm

12. Name Johnathan Talliver

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

14. Maiden name Elizabeth Samuels

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

16. (a) Informant Mrs Raymond Neely

(b) Address State City Mo

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof May 25 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Summit Cem

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

(b) Address MT Vernon Mo

19. (a) 5/25/48 (Date received local registrar) (b) Coody Campbell (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Laurance ⁵⁵

(c) City or town MT Vernon ³
(If outside city or town limits, write "RURAL") ⁰

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years. ⁰

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 1943 hour 4:0 minute 45 M.

21. I hereby certify that I attended the deceased from Sept 11 1942 to 5/18 1948 that I last saw her alive on 5/12 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cachexia

Duration Ca of Pelvis - from Ovary with metastases to liver

Other conditions (Include pregnancy within 3 months of death)

Major findings: H 90

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? _____

23. Signature Fesseth Glover (Specify type of place) (M. D. or other)
Address MT Vernon, Mo (e) Means of injury _____
Date signed 5/24/48

RECEIVED

District Health Officer No. 6,

District File Number 643-711

Date Filed JUN 22 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 H. W. Fassett

....., Registered Apprentice No.
working under my personal supervision.

Signed H. W. Fassett

Licensed Embalmer No. 2201

P. O. Address Mt Vernon 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, above space should be left blank.