

FILED JUN 17 1943

Registration District No. 300

Primary Registration District No. 6029

Registrar's No.

1. PLACE OF DEATH:

(a) County Reynolds

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

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

(d) Length of stay: In hospital or institution 18 Mo. (Specify whether years, months or days)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Reynolds

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

(d) Street No. Lower Logan
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME James Pinkley Barnes

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna May Barnes 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased June 21 1895
(Month) (Day) (Year)

8. AGE: Years 47 Months 11 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name James Barnes

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

14. Maiden name Lilly Black

15. Birthplace St. Joseph Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Anna May Barnes

(b) Address Ellington Mo. R.R. 1

17. (a) Burial (b) Date thereof 5-25-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ellington Mo.

18. (a) Signature of funeral director W. A. Fenchel

(b) Address Van Buren Mo.

19. (a) June 10 1943 (b) Eric Evans
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 - 1943
year 1943 hour 4 minute 50 A.M.

21. I hereby certify that I attended the deceased from May 23 - 1943
to May 23 1943 to _____ 19____;
that I last saw him alive on May 23 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer liver Duration 1 yr.

Due to _____

Due to Care / Delay operation about 10 months ago.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations 46 f

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. R. Potts (M. D. or other) _____
Address Antwerp Mo. Date signed 5-24-43

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

1186

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 5-23-43

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Philly A. Linchell

Licensed Embalmer No.

2936

P. O. Address.....

Van Buren 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.