

ED AUG 11 1943

Primary Registration District No. 3010

Registrar's No. 221

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

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(c) Name of hospital or institution: St Francis Hospital
(d) Length of stay: In hospital or institution 51 days
In this community 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Papineau
(c) City or town Cape Girardeau
(d) Street No. Smelterville
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME MAGGIE BARNES

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

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Edward Barnes 6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 21 1870

8. AGE: Years 72 Months 11 Days 21 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Elizabeth Mae
13. Birthplace Ireland (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Raymond
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ed. Macy (b) Address Cape Girardeau Mo

17. (a) Burial (b) Date thereof July 14 43 (c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director (b) Address Cape Girardeau Mo

19. (a) 7-13-43 (b) G. H. Phelps (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 12 year 43 hour 8 minute 15 a.m.

21. I hereby certify that I attended the deceased from 5-10 1943 to 7-12 1943 that I last saw her alive on 7-12 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral apoplexy Due to: Hypertension

Other conditions: (Include pregnancy within 3 months of death) 83a!

Major findings: Of operations: Of autopsy:

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? (d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature G. H. Phelps (M. D. or other) Address Cape Girardeau Date signed 7/15/43

RECEIVED

District Health Officer No. 4

District File Number 843-2558

Date Filed 8-10-43

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. 2476

working under my personal supervision.

Signed Lyssau Steele

Licensed Embalmer No. 2476

P. O. Address Bay View

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.