S. No. 2
—9-4-41
5-17-39
X2948

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28592

FILED SEP 9 1943

Registration District No. 74

Primary Registration District No. 5644

Registrar's No. 63

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

1. PLACE OF DEATH:

(a) County Lafayette

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

(c) Name of hospital or institution: 6½ S.E. Lex 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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lafayette 54

(c) City or town Lexington 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. 6½ mi. S.E. Lex
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME William C. Barnes

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Ma

5. Color or race W

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

6. (b) Name of husband or wife Ella Mrers

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

7. Birth date of deceased Dec (Month) 1 (Day) 1853 (Year)

8. AGE: Years 49 Months 8 Days 14 If less than one day ..... hr. ..... min.

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

10. Usual occupation former

11. Industry or business

FATHER
12. Name Thomas W. Barnes
13. Birthplace Lickford (City, town, or county) Ky 1 (State or foreign country)

MOTHER
14. Maiden name Tabitha Fletcher
15. Birthplace Lexington (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Mrs Fred Graupner
(b) Address Lexington, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug (Month) 17 (Day) 1943 (Year)
(c) Place: burial or cremation Lexington, Mo

18. (a) Signature of funeral director Winkler
(b) Address Lexington, Mo

19. (a) Sept 3-43 (Date received local registrar) (b) Mrs. F. Schwab (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15 year 1943 hour 8 minute 10 P. M.

21. I hereby certify that I attended the deceased from Oct. 1 Aug. 4th, 1940, to Aug. 15th, 1943 that I last saw him alive on ....., 19.... and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to Age

Due to

Other conditions (Include pregnancy within 3 months of death) 162 b

Major findings:
Of operations

Of autopsy

Duration

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 G. W. Fredendall 0 (M. D. ~~or other~~)

Address Lexington, Mo Date signed

1158

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
istrict File Number
Date Filed 9-8-73

Gredendo

AUG 28 1951

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 Farrest F Tempel

Licensed Embalmer No. 3275

P. O. Address Lexington, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.