

FILED NOV 26 1943

Registration District No. **92**

Primary Registration District No. **5289**

Registrar's No. **92**

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

1. PLACE OF DEATH:

(a) County **Delaware**

(b) City or town **W-10 North Kansas City, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **Rural - Gallatin Twp**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **none** (Specify whether)

In this community **6 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Delaware**

(c) City or town **W-10 N-Kansas City, Mo.**
(If outside city or town limits, write "RURAL")

(d) Street No. **N. E. of North R.C. rd.**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Nancy Allen Barnes**

3. (b) If veteran, **no** name war _____

3. (c) Social Security No. **490-03-4097**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **9**
year **1943** hour **1:40** minute **P.** M.

4. Sex **male** 5. Color or race **W**

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **Sept 19 1882**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **11-2-43**
to **Sept 19**
that I last saw him alive on **11-8-43**
and that death occurred on the date and hour stated above.
Immediate cause of death **Courtesy Delirium** Duration

8. AGE: Years **61** Months **2** Days **20**
If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation **laborer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Thomas Allen Barnes**

13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Cecilia Lyons**

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

Major findings: Of operations _____

Of autopsy _____

16. (a) Informant **Mrs. Allen Barnes**

(b) Address **W-10 North Kansas City, Mo.**

17. (a) **Rural** (b) Date thereof **Nov 11 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **No 6 - Country Church Rd.**

18. (a) Signature of funeral director **L. J. Davis**

(b) Address **Deaton, Mo.**

19. (a) **Nov 10 1943** **Rich N. Henry**
(Data received local registrar) (Registrar's signature)

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? **No** (Specify type of place) _____
(e) Means of injury _____

23. Signature **P. W. Deane, M.D.** (M. D. or other) **0**
Address **North 11 C. Mo.** Date signed **11/10/43**

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed.....

11-24-43

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.....

working under my personal supervision.

Signed

Ruian Davis

Licensed Embalmer No. *4160*

P. O. Address

Dearborn 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.

Registration District No. 72

Primary Registration District No. 5289

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Rural Gallatin Twp.
(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. (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Harry A. Bamer

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.

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

7. Birth date of deceased. Sept 19 (Month) 19 (Day) 19 (Year)

8. AGE: Years 61 Months 2 Days 2 (If less than one day, min.)

9. Birthplace Buchanan Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name (City, town, or county) (State or foreign country)

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation.

18. (a) Signature of funeral director.

(b) Address

19. (a) (Date received local registrar) (b) Rich W. Henry (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. (b) County
(c) City or town. (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 1943 Year 1943 Day 19 Hour 10 Minute 00 M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him alive on 19 and that death occurred on the date and hour stated above. Immediate cause of death

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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?

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

23. Signature (M. D. or other)

Address Date signed

GR. 72. 7A
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
SUPPLEMENTARY

