

LED FEB 7 1944

Registration District No. **32**

Primary Registration District No. **4044**

Registrar's No. **14**

1. PLACE OF DEATH:

(a) County **BOONE**
(b) City or town **STURGEON**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **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 **5 years**
years, months or days

3. (a) PRINT FULL NAME **LUTHER J. BARNES**

3. (b) If veteran, name war **✓** 3. (c) Social Security No. **2**

4. Sex **M** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Widowed**

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

7. Birth date of deceased **Sept. 4 - 1860**
(Month) (Day) (Year)

8. AGE: Years **83** Months **3** Days **1** If less than one day
hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name **James H. Barnes**
18. Birthplace **unknown**
(City, town, or county) (State or foreign country)

{ 14. Maiden name _____
15. Birthplace **Rebecca Stone, unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Laura Fanniss Barnes**
(b) Address **Sturgeon, Mo.**

17. (a) **Burial** (b) Date thereof **Dec. 8 - 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Union Cem.**

18. (a) Signature of funeral director **Barnes & Boothe**
(b) Address **Sturgeon, Mo.**

19. (a) **12-6-43** (b) **Mary Montgomery**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **BOONE**
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **5**
year **1943** hour **7 P.M.** minute _____ M.

21. I hereby certify that I attended the deceased from **June 2**
1940 to **Dec 5** 19**43**
that I last saw him alive on **Dec 3** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**

Due to **Hypertension**

Due to _____

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

Major findings: Of operations **94a**
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 **Dr. J. H. Tomlin** (M. D. or other) **Mo.**
Address **Sturgeon, Mo.** Date signed **12/6/43**

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..... *A. E. Boothe*

Licensed Embalmer No..... *4087*

P. O. Address..... *Sturgeon, 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.

Registration District No. 33

Primary Registration District No. 4844

1. PLACE OF DEATH:

(a) County: Boone
(b) City or town: Sturgeon
(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: _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME: Luther J. 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: w

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

7. Birth date of deceased: Sept 8 1886
(Month) (Day) (Year)

8. AGE: Years 83 Months 3 Days _____ If less than one day _____ min.

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

10. Usual occupation: _____

11. Industry or business: _____

12. Name: _____

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

14. Maiden name: _____

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

16. (a) Informant: _____ (b) Address: _____

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

(c) Place: burial or cremation: _____

18. (a) Signature of funeral director: _____ (b) Address: _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Boone
(c) City or town: Sturgeon
(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 _____ day _____ year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 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: _____

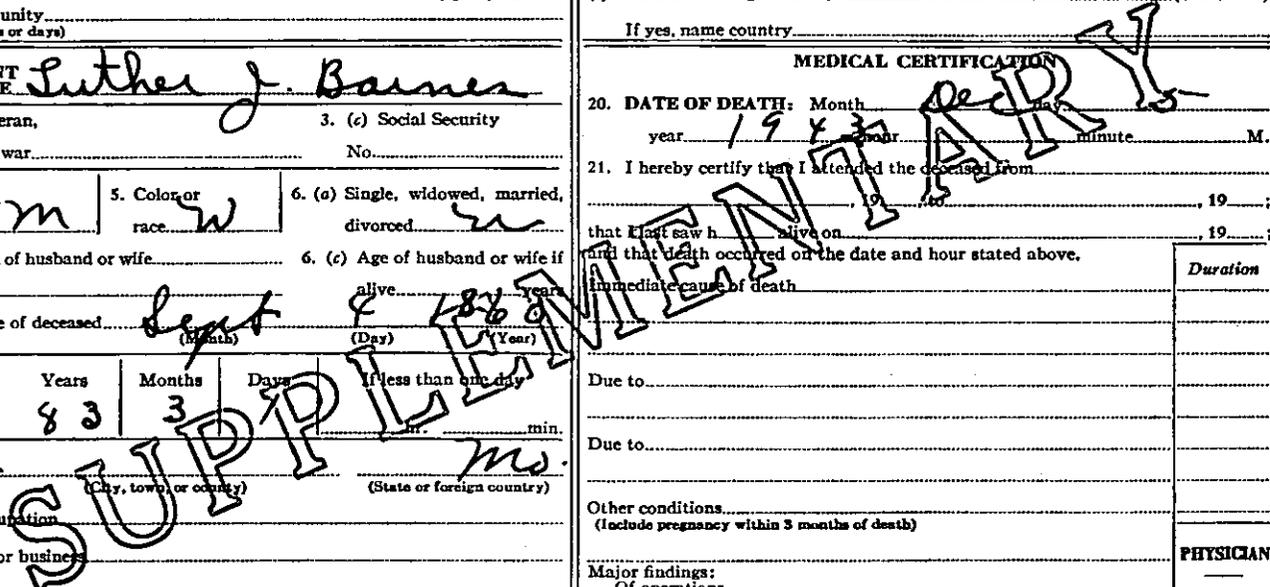
(c) Where did injury occur? _____ (City or town) (County) (State)

(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: _____



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

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