

U. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 24 1944
189

Registration District No.

Primary Registration District No. 4180

Registrar's No. 1

35
0

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

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Campbell
(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 1 (Specify whether years, months or days)

In this community 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

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

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME Lillie Jane Barnes

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12 year 1944 hour 1.50 minute P.M.

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

6. (b) Name of husband or wife Henry Barnes 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased March 13 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 17th 1944 to Jan 12th 1944, that I last saw him alive on Jan 12th 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 59 Months 9 Days 29 If less than one day _____ hr. _____ min.

Immediate cause of death Carcinoma of ascending colon with general metastases. Duration 1 yr?

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

Due to _____
Due to _____

10. Usual occupation Housewife

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

11. Industry or business _____

Major findings: Of operations 46
Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

12. Name J. W. Harris

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

14. Maiden name Rhona Benson

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

16. (a) Informant Henry Barnes
(b) Address Campbell, Missouri

17. (a) Burial (b) Date thereof 1-14-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director Landers Funeral Home
(b) Address Campbell, Missouri

19. (a) 1-18-44 (b) Mrs. P. Oliver
(Date 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? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. Wallace Belsey (M. D. or other) MD
Address Campbell Mo. Date signed 1/18/44

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 *Christina M. Landess*

Licensed Embalmer No. *4227*

P. O. Address *Campbell, Md*

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.