

FILED APR 10 1944

Registration District No. 47

Primary Registration District No. 5764

State File No. \_\_\_\_\_

Registrar's No. 108

1. PLACE OF DEATH:

(a) County CALLAWAY  
(b) City or town RURAL - FULTON TWP.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
6 MILE S.W. OF FULTON - R.F.D. # 4.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 7 YEARS  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALLAWAY  
(c) City or town RURAL - R.F.D. # 4.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6 MILE S.W. OF FULTON  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM DAVID BARNES

3. (b) If veteran, name war No. 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife SARAH ELIZABETH BARNES 6. (c) Age of husband or wife if alive 73 years  
7. Birth date of deceased OCT. 5, 1870  
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 21 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation FARMER

11. Industry or business FARMING

12. Name WILLIAM BARNES

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

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

16. (a) Informant Obbia Barnes  
(b) Address Fulton, Mo., Rt. 4.

17. (a) BURIAL (b) Date thereof 3-28-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation HILLCREST CEMETERY

18. (a) Signature of funeral director WALLACE FUNERAL HOME  
(b) Address FULTON, MO. D.C. Browning, Mo.

19. (a) 3-27-1944 (b) Joan Moushiff  
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 28 26  
year 1944 hour 2:40 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from Mar 23  
1944 to Mar 25 1944  
that I last saw him alive on Mar 25 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation  
Due to Arteriosclerotic heart disease  
Due to \_\_\_\_\_

Other conditions Cor. hypertrophy  
(include pregnancy within 3 months of death)  
Major findings of prostate  
Of operations none  
Of autopsy none

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature John J. Brown (M. D. or other)  
Address Fulton, Mo. Date signed 3-27-44

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

MOTHER FATHER

RECEIVED

District Health Officer No. 9,

District File Number \_\_\_\_\_

Date Filed 4-8-44

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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, only

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 4168

P. O. Address \_\_\_\_\_

Fulton, 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.