S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14058

FILED APR 22 1944

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 55

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: 119 Sanford Ave. 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 18 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Columbia 2
(If outside city or town limits, write "RURAL")

(d) Street No. 119 Sanford Ave. 4
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME ROBERT LEE BARNES

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Alice Gertrude Barnes

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

7. Birth date of deceased 11 - 27 - 1865
(Month) (Day) (Year)

8. AGE: Years 78 | Months 3 | Days 5 | If less than one day ..... hr. ..... min.

9. Birthplace Audrain County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name William Anthony Barnes
13. Birthplace (City, town, or county) Kentucky 1 (State or foreign country)

MOTHER
14. Maiden name Virginia Ann Smith
15. Birthplace (City, town, or county) Kentucky 1 (State or foreign country)

16. (a) Informant Mrs. W.D. Hartley
(b) Address Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-44 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Parkers Funeral Service
(b) Address Columbia, Mo.

19. (a) March 4 '44 (Date received local registrar) (b) Edna H Barbee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 2
year 1944 hour 12:01 minute A. M.

21. I hereby certify that I attended the deceased from Sept 1, 1943 to March 2, 1944
that I last saw him alive on April 26 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic my occulets	2 yrs
Due to Arteriosclerosis	4 yrs
~~Due to~~ Had diabetes mellitus	5 yrs
Other conditions none (Include pregnancy within 3 months of death)	

Major findings:
Of operations no ops
Of autopsy none

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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 0

23. Signature A W Kampschmidt (M. D. ~~or other~~)
Address Columbia, Mo Date signed 3-4-44

1250

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....
Date Filed 4-20-44

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 Chas. Parsons

Licensed Embalmer No. 4182

P. O. Address Columbia, 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.