

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

21471
Do not use this space.

FILED JUL 10 1944

1. PLACE OF DEATH

(a) County Dent Registration District No. 100
 (b) Township Watkins Primary Registration District No. 5392 Registered No. 40
 (c) City Edgar Springs (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Wesley Karnes,

(a) Residence, No. Edgar Springs Missouri St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Ann Karnes
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 13, 1852
 7. AGE YEARS 92 MONTHS 3 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer Retired.
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Tennessee (STATE OR COUNTRY)

13. NAME Hal Karnes

14. BIRTHPLACE (CITY OR TOWN) Tennessee (STATE OR COUNTRY)

15. MAIDEN NAME Frances Edwards

16. BIRTHPLACE (CITY OR TOWN) Tennessee (STATE OR COUNTRY)

17. INFORMANT Mrs. Alpha Heavi n (ADDRESS) Edgar Springs Mo.,

18. BURIAL, CREMATION, OR REMOVAL PLACE Mitchell Cem. DATE May 31, 1944

19. FUNERAL DIRECTOR Null & Son Funeral Home (ADDRESS) 508 West 8th St., Rolla Mo.,

20. FILED 6-15- 1944 Jo. O. Mc Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1944

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1940, to May 25, 1944
 I last saw him alive on May 10, 1944. Death is said to have occurred on the date stated above, at 6 P.M.
 The principal cause of death and related causes of importance were as follows:

Cardiovascular Renal Disease Date of onset 2 yrs
131a
 Other contributory causes of importance: Chronic Nephritis 6 yrs.

Name of operation None Date of _____
 What test confirmed diagnosis? Urinal Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) J. H. Hillman, M. D.
 (Address) Saline Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR BINDING

U. S. NO. 4
5010-7
1 X12004

RECEIVED

District Health Officer No. 5,

District File Number 744400

Date Filed 7-8-44

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)