

FILED AUG 10 1944

Registration District No. **1344**

Primary Registration District No. **5096**

Registrar's No. **52**

1. PLACE OF DEATH:
(a) County Bates
(b) City or town Butter - R.F.D.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Int. Pleasant Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community 3 Mos.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bates
(c) City or town Butter Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Zenas Lysais Barnes
3. (b) If veteran, name war No.
3. (c) Social Security No. No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 21
year 1944 hour 11 minute P. 77 M.
21. I hereby certify that I attended the deceased from
June 1 1944 July 21 1944
that I last saw him alive on July 10 1944
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Amanda Jane Barnes alive Dead years
6. (c) Age of husband or wife if
7. Birth date of deceased May 17 1864
(Month) (Day) (Year)

Immediate cause of death
Cerebral Hemorrhage
Due to General Arterio-
Sclerosis.
Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years 80 Months 2 Days 4
If less than one day hr. min.

9. Birthplace Leon, Iowa
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer

Major findings:
Of operations 83a1
Of autopsy

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

11. MOTHER FATHER
12. Name Jesse Barnes
13. Birthplace W. Va.
(City, town, or county) (State or foreign country)
14. Maiden name Susanna Vincent
15. Birthplace W. Va.
(City, town, or county) (State or foreign country)

16. (a) Informant My. P. Langman
(b) Address Butter Mo. R.F.D.
17. (a) Burial (b) Date thereof 7-26-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Warrensburg, Mo.

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 0
23. Signature Carl H. Lule (M. D. or other) md
Address Butter Mo. Date signed 7/27/44

18. (a) Signature of funeral director W. W. Zimmerman
(b) Address Fenton, Mo.
19. (a) 7-24-44 (b) Pauline Crompton
(Date received local registrar) (Registrar's signature)

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

700

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. MA
working under my personal supervision.

Signed: R. W. Brauning

Licensed Embalmer No. Sector MA

P. O. Address. 3377

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.