

FILED SEP 9 1944

Registration District No. _____

Primary Registration District No. _____

44435308

Registrar's No. 1021

1. PLACE OF DEATH:

(a) County **COOPER**
(b) City or town **BLACKWATER (RURAL)** *land*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 MILES SOUTH OF BLACKWATER
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community **FIVE WEEKS** /
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. **203 1/2 WATER STREET** 4
(If rural, give location)
(e) Citizen of foreign country? **NO** / (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

MRS EMMA E. BARNES

3. (b) If veteran, name was **NONE**

3. (c) Social Security No. _____

4. Sex **FEMALE** 3

5. Color or race **NEGRO**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **WILLIAM BARNES**

6. (c) Age of husband or wife if alive **44** years

7. Birth date of deceased **APRIL 23** 1901
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
43 4 1 hr. min.

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

10. Usual occupation **BUS TERMINAL EMPLOYEE**

11. Industry or business **BUS DEPOT**

MOTHER FATHER

12. Name **HOMER STAPLETON**

13. Birthplace **COOPER COUNTY MISSOURI** 1
(City, town, or county) (State or foreign country)

14. Maiden name **ODESSA SMITH**

15. Birthplace **COOPER COUNTY MISSOURI** 0
(City, town, or county) (State or foreign country)

16. (a) Informant **EULA STAPLETON**
(b) Address **ST. LOUIS, MO.**

17. (a) **BURIAL** (b) Date thereof **AUG. 28, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **NELSON, MISSOURI**

18. (a) Signature of funeral director: **STEGNER & KOENIG**
BOONVILLE, MO.

(b) Address _____
19. (a) **Aug. 28-44** (b) **Dr. Chas. Swap**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **8** day **24**
year **44, 12** hour **50** minute **P.** M.

21. I hereby certify that I attended the deceased from **8-8-1944** to **8-24-1944**;
that I last saw her alive on **8-23-1944**;
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute Myocarditis 18 hrs
Due to **Hypertension** 290
Due to **Chr. Myocarditis** 5 wks

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

932

Of autopsy

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) _____
(e) Means of injury **0**

23. Signature **J. O. Boley** (M. D. or other) _____
Address **Pilot Grove** Date signed **8-24-44**

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed.....

7-8-44

OCT 17 1944

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 *James W. Sagner*

Licensed Embalmer No. *3780*

P. O. Address: *Boonville, 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.