

FILED SEP 14 1944

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

28119

Do not use this space.

## 1. PLACE OF DEATH

(a) County Kn ox Registration District No. 169  
 (b) Township ..... Primary Registration District No. 4219 Registered No. 215  
 (c) City Newark or .....  
 (d) Street No. .... (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (e) Length of residence in city or town where death occurred 79 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME CYNTHIA ANNA BARNES

(a) Residence, No. .... 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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Albert Barnes</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 11 1855</u>		
7. AGE	YEARS <u>89</u>	MONTHS <u>7</u>
	DAYS <u>9</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Housewife</u>	
	10. Date deceased last worked at this occupation (month and year) .....	11. Total time (years) spent in this occupation .....
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miller Co Missouri</u>		
FATHER	13. NAME <u>Geo. W. Scaggs</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth</u>	
	15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT (ADDRESS) <u>Jennie Johnston</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Newark Co F</u> DATE <u>Aug 22 1944</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Thomas Ball</u>		
20. FILED <u>Aug 26 1944</u> <u>44 N. 11th North</u> Local Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 20 1944

22. I HEREBY CERTIFY, That I attended deceased from July 1944 to Aug 20 1944  
 I last saw h. ER alive on July 19 1944 Death is said to have occurred on the date stated above, at 1:30 p.m.  
 The principal cause of death and related causes of importance were as follows:

Coronary Heart Failure  
due to myocarditis

Date of onset

Other contributory causes of importance:

Senility 93

Name of operation .....

Date of .....

What test confirmed diagnosis? .....

Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? .....

Date of injury .....

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 .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Waldo B. Hunt M. D.

(Address) Newark Mo

(Licensed Embalmer's Statement on Reverse Side)

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

1 X18603

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.

60-6  
11  
re-8 - 6661  
68  
15210  
607

RECEIVED  
District Health Officer No. 10  
District File Number 9-44-349  
Date Filed SEP 13 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 Thomas Ball  
Licensed Embalmer No. 1244  
P. O. Address Ewing, 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, above space should be left blank.