

S. No. 2
DOM-2-43
Rev. 5-17-39
X33697

30463

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 25 1944

Primary Registration District No. 5117

Registrar's No. 69

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution:
Route 1 - Cedar Township
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 74 Years
(Specify whether years, months or days)

In this community 74 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. Route 1 - Cedar Township
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 7

3. (a) PRINT FULL NAME DAVID LEE BARNES

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maria Barnes 6. (c) Age of husband or wife if alive 1869 years

7. Birth date of deceased 11 - 2 - 1869
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
year 1944 hour 7 minute P.M.

21. I hereby certify that I attended the deceased from 3 - 18
1943, to 7 - 2 - 1944
that I last saw him alive on 7 - 5 - 1944
and that death occurred on the date and hour stated above

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>8</u>	<u>0</u>	hr. min.

Immediate cause of death Myo Carditis
Duration 1 yr.

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

10. Usual occupation Farmer

Due to 46g

Due to

Other conditions Probably Carcinoma
(include pregnancy within 3 months of death)

11. Industry or business

MOTHER FATHER { 12. Name Parker Barnes

13. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Emma Ridgeway

15. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

Major findings: Prostate, but there was no X-ray non-prostatic

Of autopsy No

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

16. (a) Informant Mrs. David Lee Barnes,
(b) Address Route 1, Ashland, Mo.

17. (a) Burial (b) Date thereof 7-11-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barnes Chapel

18. (a) Signature of funeral director Parker Funeral Service
Columbia, Mo.

(b) Address

19. (a) Aug. 2, 1944 (b) Mr. Alvin East
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(b) Date of occurrence

(c) Where did injury occur? No
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? No (Specify type of place) (e) Means of injury No

23. Signature W. P. ... (D. or other) ...
Address ... Date signed 8-2-44

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

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1244

(Licensed Embalmer's Statement on Reverse Side)

SEP 25 1944

RECEIVED

District Health Officer No. 9,

District File Number.....

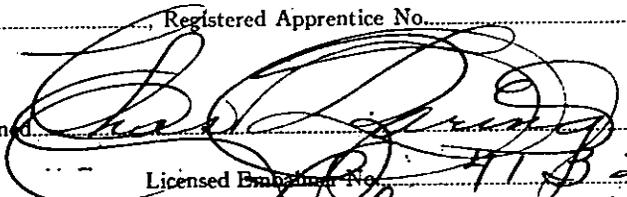
Date Filed 9-22-44

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 .....

Licensed Embalmer No. 41827

P. O. Address Columbia, Md.

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.