V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 00000

Registration District No. FILED OCT 20 1944 Primary Registration District No. 3006 Registrar's No. 234

1. PLACE OF DEATH:

(a) County BOONE

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

(c) Name of hospital or institution: XX (If not in hospital or institution, write street number or location)

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

In this community XX

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. 1400 Pairis Rd (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country xx

3. (a) PRINT FULL NAME MABEL MARY GIRARD BARNES

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife HOMER BARNES

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

7. Birth date of deceased OCT 11 1909 (Month) (Day) (Year)

8. AGE: Years 34 Months 11 Days 5 If less than one day ____ hr. ____ min.

9. Birthplace KANKAKEE (City, town, or county) ILLINOIS (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name FRED L. GIRARD
13. Birthplace (City, town, or county) ILLINOIS (State or foreign country)

MOTHER
14. Maiden name MARY VIRGINIA BLANCHARD
15. Birthplace (City, town, or county) ILLINOIS (State or foreign country)

16. (a) Informant HOMER BARNES

(b) Address 1400 Paris Rd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 18th 44 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director [signature]

(b) Address Columbia Mo

19. (a) 9-16-44 (Date received local registrar) (b) Edna H. Bardle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16th year 1944 hour 9 minute A M.

21. I hereby certify that I attended the deceased from Sept-10-, 1944 to Sept-16, 1944 that I last saw her alive on Sept-15, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Uterus

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations no

Of autopsy no

Duration

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)

While at work? (e) Means of injury

23. Signature F. C. Suggett (M. D. or other) M.D.

Address Columbia Mo Date signed 9-18-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9

District File Number.....

Date Filed 10-18-44

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 R Purvey

Licensed Embalmer No. 03183

P. O. Address Columbia 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.