

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6869**

FILED MAR 12 1945

Registration District No. **2**

Primary Registration District No. **3054**

Registrar's No. **6869**

1. PLACE OF DEATH:

(a) County **Louisiana**
(b) City or town **Pike Co Hospital**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Pike Co Hospital**
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution **7 days**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Charles W. Barnes

3. (b) If veteran, name war **No**

3. (c) Social Security No. **no**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, ☒ widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **May** 6. (c) Age of husband or wife if alive **1858** years
7. Birth date of deceased **May 6 1858**
(Month) (Day) (Year)

8. AGE: Years **86** Months **9** Days **1** If less than one day hr. min.

9. Birthplace **Pike Co** **MO**
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business **Retired Farmer**

12. Name **Thomas Barnes**
13. Birthplace **KY**
(City, town, or county) (State or foreign country)
14. Maiden name **Sallie Kite**
15. Birthplace **KY**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Mary Marking**
(b) Address **Elsering MO**
17. (a) **Burial** (b) Date thereof **2-9-1945**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Oak Ridge Cemetery**

18. (a) Signature of funeral director **W. B. Bradley**
(b) Address **Elsering MO**
19. (a) **2/8/45** (b) **Benjamin W. Bradley**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Lincoln**
(c) City or town **Elsering MO**
(If outside city or town limits, write "RURAL")
(d) Street No. **0**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **7**
year **45** hour **10** minute **10** P.M.
21. I hereby certify that I attended the deceased from **2-2-45**
to **2-7-45**
that I last saw him alive on **2-7-45**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**
Duration

Due to **92h**
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **none**
Of autopsy **none**
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) **none**
(b) Date of occurrence **none**
(c) Where did injury occur? (City or town) (County) (State) **none**
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **none**
(Specify type of place) (e) Means of injury **none**
23. Signature **Benjamin W. Bradley** (M. D. or other) **no**
Address **Elsering MO** Date signed **2-8-45**

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

RECEIVED
District Health Officer No. 10
District File Number 3-45-449
Date Filed MAR 8 1945

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.....

W. H. Bradley

Licensed Embalmer No. 3966

P. O. Address.....

Elsterny 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.