

FILED SEP 6 1945

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

28184

Do not use this space.

## 1. PLACE OF DEATH

(a) County PikeRegistration District No. 279(b) Township CalumetPrimary Registration District No. 4415(c) City Clarksville(d) Street No. 16 St.

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. Susan Elizabeth Barnes St. ☐ (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James F. Barnes 836. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 14 - 18677. AGE YEARS 78 MONTHS 7 DAYS 19 If LESS than 1 day, ..... hrs. or ..... min.8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation12. BIRTHPLACE (CITY OR TOWN) Baytown Tex (STATE OR COUNTRY)13. NAME Henry Blackorby14. BIRTHPLACE (CITY OR TOWN) Mozier Ill (STATE OR COUNTRY)15. MAIDEN NAME Lucinda Gray16. BIRTHPLACE (CITY OR TOWN) Baytown Tex (STATE OR COUNTRY)17. INFORMANT Roscoe Barnes (ADDRESS) Echa18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE Aug 3 19 4519. FUNERAL DIRECTOR Harry L. Carroll (ADDRESS) Clarksville20. FILED Aug 8 19 45 Maudie M. Patton Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2 19 4522. I HEREBY CERTIFY That I attended deceased from Aug 1 19 44 to Aug 2 19 45I last saw him alive on Aug 1 19 45 Death is saidto have occurred on the date stated above, at 12-30 AM.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset 7/23/45Other contributory causes of importance: General arteriosclerosis including sclerotic changes in heart muscleName of operation 930 Date of NOT KNOWNWhat test confirmed diagnosis? 930 Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? 930 Date of injury 19

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 930Nature of injury 93024. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) E. M. Bartlett M. D.(Address) Clarksville Missouri

**STATEMENT BY LICENSED EMBALMER**

I, Harry Larroel, Licensed Embalmer No. 2439

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Harry Larroel  
Licensed Embalmer No. 2439

**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.)**