

FILED  
SEP 6 1945  
X37823

Registration District No. **369** Primary Registration District No. **6249** Registrar's No. **12**

1. PLACE OF DEATH:  
(a) County **Wayne**  
(b) City or town **Piedmont Rural**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1 Benton Inn**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **Wayne**  
(c) City or town **Piedmont**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Amy Jane Barnes**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **July** day **16<sup>th</sup>**  
year **1945** hour **4:30** minute \_\_\_\_\_ P. M.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widow**  
6. (b) Name of husband or wife **James Barnes** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Jan. 31 1877**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **6:25** to **July 16 1945**  
that I last saw him alive on **July 12** and that death occurred on the date and hour stated above.  
Immediate cause of death **Arteriosclerosis**  
**fracture**

8. AGE: Years **88** Months **5** Days **15** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions **Senile debility**  
(Include pregnancy within 3 months of death)

9. Birthplace **Tenn. 1**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Newskeeper**

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **1954**  
**ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED**  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
12. Name **Franklin Scott**  
13. Birthplace **Tenn. 1**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Hazel Dean Scott**  
15. Birthplace **Tenn. 1**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Rose Thissen**  
(b) Address **Piedmont, Mo.**

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? \_\_\_\_\_

17. (a) **Burial** (b) Date thereof **7/18/45**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Patterson Cemetery, Wayne Co. Mo.**

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director **William G. Goh**  
(b) Address **Piedmont, Mo.**  
19. (a) **Aug. 12, 1945** (b) **Mrs. Lottie Mann**  
(Date received local registrar) (Registrar's signature)

23. Signature **Dr. James H. ...** (M. D. or other) \_\_\_\_\_  
Address **Piedmont, Mo.** Date signed **7-17-45**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4  
District File Number 945-1028  
Date Filed 9-5-45

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.....

Coder Funeral Home....., Registered Apprentice No.....  
working under my personal supervision.

Signed William Coder.....

Licensed Embalmer No: 3723.....

P. O. Address Piedmont, 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.