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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37412
Registrar's No. 336

Registration District No. 146 Primary Registration District No. 3026

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(c) Name of hospital or institution: 1409 S. Logan
(d) Length of stay: 18 years
In this community 18 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Independence
(d) Street No. 1409 S. Logan
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME TOBITHA E. BARNES

3. (b) If veteran, name war. _____ 3. (c) Social Security No. 496-24-1607

4. Sex Female 5. Color of race white 6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 1907 years
7. Birth date of deceased September 9 (Month) (Day) (Year)

8. AGE: Years 38 Months 2 Days 10 If less than one day hr. _____ min. _____

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

10. Usual occupation Cook

11. Industry or business Jackson County Court

12. Name Orly M. White

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

14. Maiden name Nellie E. Seat

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

16. (a) Informant Ollie F. White

(b) Address Independence Missouri

17. (a) Removed: Burial (b) Date thereof 11 21 45 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Green Mo.
18. (a) Signature of funeral director Geo. C. Carson
(b) Address Independence Missouri

19. (a) 11-20-45 (Date received local registrar) (b) James S. Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18 year 1945 hour 12 minute noon

21. I hereby certify that I attended the deceased from Brown 19____ to _____ 19____ that I last saw him alive on _____ 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Gun shot wound of head

Due to _____
Due to _____

Other conditions: (Include pregnancy within 3 months of death) _____

Major findings: Of operations 1640
Of autopsy History of Impetigo

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence 11-18-45
(c) Where did injury occur? 1409 S. Logan Independence, Jackson, Mo. (City of town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home

While at work? no (e) Means of injury 410 shot from

23. Signature James S. Ross (M. D. or other) James
Address 1424 1/2 S. 1st Date signed 11-18-45

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

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 *George A. Carson*
Licensed Embalmer No. *2849*
P. O. Address *Indep. 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.