S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 28 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37951

Registration District No. 217 Primary Registration District No. 5786 Registrar's No. 73

1. PLACE OF DEATH:
(a) County Mississippi
(b) City or town Charleston (rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R#2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 Years (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Miss.
(c) City or town Charleston (rural)
(If outside city or town limits, write "RURAL")
(d) Street No. R#2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME Lue Birdie Barnes
3. (b) If veteran, name war ----
3. (c) Social Security No. ---
4. Sex F
5. Color or race Negro
6. (a) Single, married, widowed, divorced Married
6. (b) Name of husband or wife Gus Barnes
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased August 16th 1906 (Month) (Day) (Year)
8. AGE: Years 38 Months 1 Days 18 If less than one day hr. min.
9. Birthplace Phillips Co. (City, town, or county) Ark. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Tom Bailey
13. Birthplace Phillips Co. (City, town, or county) Ark. (State or foreign country)
14. Maiden name Frances Davis
15. Birthplace Phillips Co. (City, town, or county) Ark. (State or foreign country)
16. (a) Informant Gus Barnes
(b) Address R#2 Charleston, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-7-45 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove, Charleston, Mo.
18. (a) Signature of funeral director John T. Summers Jr
(b) Address Charleston, Mo
19. (a) 10/12/45 (Date received local registrar) (b) Mrs. John Bondurant (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4th year 1945 hour 7 minute 20 A.M.
21. I hereby certify that I attended the deceased from on Oct 3, 1945 to, 19; that I last saw h. alive on Oct 2, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	1 da
Due to Hypertension	DK
Due to	
Other conditions Hypertension (Include pregnancy within 3 months of death)	
Kidney disease	

Major findings:
Of operations
Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)
While at work (Specify type of place) (e) Means of injury
23. Signature E. Chas Lolving (M. D. or other)
Address Charleston Mo Date signed 10/8/45

1541

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1145-3235
Date Filed 1-8-45

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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed John F. Nunnelee Jr

Licensed Embalmer No. 3851

P. O. Address Charleston 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.