

FILED JAN 5 1946

Registration District No. _____

Primary Registration District No. **4044**

Registrar's No. **13**

1. PLACE OF DEATH:

(a) County **BOONE**
(b) City or town **STURGEON**
(c) Name of hospital or institution: **1**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community **all of life**
years, months or days

3. (a) PRINT FULL NAME **THOMAS HENRY BARNES**

3. (b) If veteran, name war **✓** 3. (c) Social Security No. **✓**

4. Sex **M** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Mathena BARNES** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **July 17 1857**
(Month) (Day) (Year)

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

9. Birthplace **Boone Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Retired**

12. Name **John Barnes**

13. Birthplace **unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Ann Jones**

15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Noah Barnes**

(b) Address **Sturgeon, Mo.**

17. (a) **Burial** (b) Date thereof **Dec. 26-1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MT. Hope Cemetery**

18. (a) Signature of funeral director **Barnes & Boothe**

(b) Address **Sturgeon, Mo.**

19. (a) **Dec. 25 1945** (b) **Mary Montgomery**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **BOONE** 10

(c) City or town **STURGEON** 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? **No** (Yes or No) 0

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **25**
year **1945** hour **4** minute **10** A.M.

21. I hereby certify that I attended the deceased from **12:30 AM**
25 Dec 45, 19____, to **4:10 AM 25 Dec 45**

that I last saw him alive on **02:30 25 Dec 45**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of Face and Throat.**

Duration

4 yrs.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **45%**

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? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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

23. Signature **D. F. Russell Jr.** (M.D. or other) _____

Address **Sturgeon, Missouri** Date signed **26 Dec 45**

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 13-46

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. C. Boothe
.....
Licensed Embalmer No. 4087

P. O. Address.....

Sturgeon, 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.