V. S. No. 2
00M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 18 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8396

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 25

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

77331

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Mexico Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
726 N Jefferson St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community Life
years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 726 N. Jefferson St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MRS NELLE-MAYE-BARNES
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Theodore Barnes
6. (c) Age of husband or wife if alive ... years
7. Birth date of deceased March 9 — 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	10	25	hr. min.

9. Birthplace Audrain CO. Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
FATHER 12. Name John C. Boock
13. Birthplace Audrain CO. Mo.
(City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Laura Green
15. Birthplace Audrain CO Mo.
(City, town, or county) (State or foreign country)
16. (a) Informant Theodore Barnes
(b) Address Mexico Mo.
17. (a) Burial (b) Date thereof Feb 6-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mexico Mo
18. (a) Signature of funeral director McPherson Bros
(b) Address Mexico Mo
19. (a) Feb 6-1946 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4th day Feb year 1946 hour 5.50 minute P. M.
21. I hereby certify that I attended the deceased from May 1945, 19 , to Feb 4 1946
that I last saw her alive on Feb 4 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Hemoplegia — Duration
Due to Paralysis - May 45
Due to Arteriosclerosis -
Other conditions
(Include pregnancy within 3 months of death)
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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury
23. Signature R. Wm. Magarlea M. D. or other) DO
Address Mexico Mo. Date signed 2-6-46

(Licensed Embalmer's Statement on Reverse Side)

JAN 30 1947

RECEIVED
District Health Officer No. 10
District File Number 3-46-464
Date Filed MAR 13 1946

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 J. E. McPherson
Licensed Embalmer No. 1132
P. O. Address Mexico 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.