

FILED APR 22 1946 STANDARD CERTIFICATE OF DEATH

State File No.

13686

Registration District No. 169

Primary Registration District No. 4259

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Knox County
(b) City or town New Ark, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Since 1908 years, months or days

3. (a) PRINT FULL NAME One Elsie Barnes

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Robert N. Barnes 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased September 11 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 6 14 hr. min.

9. Birthplace Knox County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business
12. Name James M. Kungie 9
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name Betty Bishop 9
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Florence Toliver
(b) Address Macon, Ill.

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof Mar. 26 - 46
(Month) (Day) (Year)
(c) Place: burial or cremation Beridge

18. (a) Signature of funeral director Thommas Ball

(b) Address Caring, Mo.

19. (a) April - 1 - 46 (b) Thelma S. Nunak
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox 52
(c) City or town Newark
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 25
year 1946 hour 3 minute 0 P.M.

21. I hereby certify that I attended the deceased from Mar 23
1946 to Mar 25 1946
that I last saw ER alive on March 25 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to _____
Due to Arterio Sclerosis

Other conditions Obstruction
(Include pregnancy within 3 months of death)
Small Bladder

Major findings: _____
Of operations _____
Of autopsy 928

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 poison) _____
While at work? _____ (e) Means of injury 228

23. Signature Nardo B. Brown M. D. or other _____
Address Knox City Mo. Date signed 3/24/46

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 4-46-760

Date Filed APR 19 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 Thomas Ball

Licensed Embalmer No. 1777

P. O. Address Ewing. 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.