S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 6 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

14172

State File No.

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 48

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Rural (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.F.D.#3, Rayville, Mo. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether In this community 83 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray 89

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

(d) Street No. R.F.D.#3, Rayville, Mo (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Mrs. Julia Ellen 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 Widowed

6. (b) Name of husband or wife P.S. Barnes

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 26, 1862 (Month) (Day) (Year)

8. AGE: Years 83 Months 9 Days 22 If less than one day hr. min.

9. Birthplace Rayville, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name William Crowley
13. Birthplace Ray County, Mo. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Emily Liles
15. Birthplace Ray County, Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Zestes C. Barnes
(b) Address 4423 Windsor St. Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/46 (Month) (Day) (Year)
(c) Place: burial or cremation Palestine Cemetery Hickman Mills, Mo.

18. (a) Signature of funeral director Quest-Lile F. Home
(b) Address Richmond, Missouri

19. (a) April 23-46 (Date received local registrar) (b) Mabel Jackson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19th year 1946 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from 4-10-46, 19 to 4-18-46, 19; that I last saw her alive on 4-18-46, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho-pneumonia	3 days
Due to Influenza	10 days
Due to	
Other conditions Mitral Stenosis (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 Thos. F. Coon (M. D. or other) 0

Address Richmond, Mo. Date signed 4-22-46

273

(Licensed Embalmer's Statement on Reverse Side)

MAY 16

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.....

Licensed Embalmer No. 4096

P. O. Address. Richmond

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.