

U.S. No. 2
FORM-5-43
REV. 5-17-39
I X36671

FILED JUL 9 1946
Registration District No. 114

Primary Registration District No. 4186

Registrar's No. 77

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

1. PLACE OF DEATH

(a) County Prince Georges

(b) City or town Baltimore

(c) Name of hospital or institution North Star Hospital
(If outside city or town limits, write "RURAL" and state location)

(d) Length of stay: In hospital or institution 2 days
(Specify method)

In this community 2 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MD (b) County Prince Georges

(c) City or town Baltimore MD
(If outside city or town limits, write "RURAL")

(d) Street No. 114
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Daisy C. Barnes (Dr.)

3. (b) If veteran, name war World War II 3. (c) Social Security No. 11

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6
year 1946 hour 1:12 minute 17 M.

21. I hereby certify that I attended the deceased from June 4 1946 to June 6 1946
that I last saw him alive on June 6 1946
and that death occurred on the date and hour stated above.

4. Sex MD 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ernest 6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased June 24 1925
(Month) (Day) (Year)

Immediate cause of death Fracture of skull
Fracture of rib lung

Due to Automobile accident

Due to Collision with another car

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years 21 Months 4 Days 12 If less than one day hr. min.

9. Birthplace Georgetown S.C. (City, town, or county) (State or foreign country)

10. Usual occupation Regular Army

11. Industry or business

12. Name Daisy Barnes

13. Birthplace Georgetown S.C. (City, town, or county) (State or foreign country)

14. Maiden name Ernesta Ann Barnes

15. Birthplace Georgetown S.C. (City, town, or county) (State or foreign country)

Major findings: Of operations none Of autopsy none

PHYSICIAN 1700 1/2

Underline the cause to which death should be charged statistically.

16. (a) Informant Daisy Barnes

(b) Address 26 S. Baltimore Ave

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Baltimore MD

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence June 4 1946

(c) Where did injury occur? Dr. Chain MD
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial plant, or public place?
MD. 66 - 10th East Baltimore
While at work? no (Specify type of place) (e) Means of injury auto

18. (a) Signature of funeral director Jay J. Schumacher

(b) Address 7814 1/2 Midway Station

19. (a) 6-7-46 (b) Ed. [Signature]
(Date received local registrar) (Registrar's signature)

23. Signature W. D. Drummond M. D. or other
Address Dr. Chain MD Date signed 6/7/46

AUG 14 1948

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 7-8-46

AUG 16 1948

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 Harry J. Sherman
Licensed Embalmer No. 2679
P. O. Address 7814 S Broadway

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.