

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

1. PLACE OF DEATH

(a) County Shelby

(b) City or town Shelby MO

(c) Name of hospital or institution: 1 761-07

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

(d) Length of stay: In hospital or institution about - 9 - mos. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mr. Jasper Hiram Barnes

3. (b) If veteran, ✓ name war ✓

3. (c) Social Security No. NO ONE

4. Sex M.O. 5. Color or race W.

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Ellis Josephine Barnes 6. (c) Age of husband or wife if alive 92 years

7. Birth date of deceased July 16 1872 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

74 0 23 ✓ hr. ✓ min.

9. Birthplace Shelby Co. MO U.S. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Mose Barnes

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

14. Maiden name Charlene Harmon

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

16. (a) Informant Mr. S. Herbert Allison

(b) Address Stonewall 9/7/46

17. (a) (Burial, cremation, or venereal) (b) Date thereof 9/7/46 (Month) (Day) (Year)

(c) Place: burial or cremation Shelby MO

18. Signature of funeral director W. H. H. H. H.

(b) Address Stonewall MO

19. Aug. 13 - 1946 (Date received local registrar) James H. Doherty (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Shelby

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

(d) Street No. 4 MI. W. of Shelby MO (If rural, give location)

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

If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9 year 1946 hour 4 minute 35 A.

21. I hereby certify that I attended the deceased from May 15, 1946, to Aug 9, 1946

that I last saw him alive on Aug 9, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to ✓

Due to ✓

Other conditions (Include pregnancy within 3 months of death) ✓

Major findings: Of operations ✓

Of autopsy ✓

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 2

23. Signature W. H. H. H. (M.D. or other) D.O.

Address Stonewall MO Date signed 8/9/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

DISTRICT HEALTH OFFICE
Cameron, Mo.

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. _____

P. O. Address _____

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.