S. No. 2
—12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34464

Registration District No. 292 Primary Registration District No. 6002 Registrar's No.

1. PLACE OF DEATH:

(a) County Ralls

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

(c) Name of hospital or institution: 6 Mi. S.E. of Perry
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 7 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County RALLS

(c) City or town RURAL Salt River twsp
(If outside city or town limits, write "RURAL")

(d) Street No. RALLS COUNTY, MO.
(If rural, give location) 6 Mi. S.E. of Perry Mo.

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

If yes, name country

3. (a) PRINT FULL NAME SAMUEL EUGENE BARNEY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife

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

7. Birth date of deceased OCTOBER (Month) 18 (Day) 1946 (Year)

8. AGE: Years | Months | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace RALLS COUNTY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation CHILD

11. Industry or business

FATHER
12. Name WILLIAM HOWARD BARNEY
13. Birthplace ANDRAIN CO. QUIVRE TOWNSHIP (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name WILMA ANITA JONES
15. Birthplace MARION CO. (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant JAMES R JONES

(b) Address VANDALIA, MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. (Month) 26 (Day) 46 (Year)

(c) Place: burial or cremation MT OLIVET MO.

18. (a) Signature of funeral director W. S. Waters

(b) Address Vandalia Missouri

19. (a) 10/26/46 (Date received local registrar) (b) [signature] (Registrar's signature)

M. G.

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 25 year 1946 hour 1 minute 40 P. M.

21. I hereby certify that I attended the deceased from Oct 18, 1946, to Oct. 25, 1946 that I last saw him alive on OCT. 25, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Jaundice (Obstructive)	7 days
Due to: a 7 month baby and internal organs	
Due to: and liver duct not developed enough to live	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

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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 2

23. Signature C. H. Brooks (M. D. or other) D.O.

Address Center, MO. Date signed 10-26-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-46-2002
NOV - 8 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 W. B. Waters

Licensed Embalmer No. 4169

P. O. Address Jandalia 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.