S. No. 2
M—8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37888

FILED NOV 19 1946

Registration District No. 274   Primary Registration District No. 3052   Registrar's No. 419

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia

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

(c) Name of hospital or institution: 325 East Saline

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

(d) Length of stay: In hospital or institution Lifetime

In this community _____ years, months or days   (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri   (b) County Pettis   80

(c) City or town Sedalia   L

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

(d) Street No. 325 East Saline   4

(If rural, give location)   3

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

If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME ALVA E. BARNES

3. (b) If veteran, name war World War 1

3. (c) Social Security No. 702-16-0536

4. Sex Male   **5. Color or race** White   **6. (a)** Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife _____

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

7. Birth date of deceased January 7 1894

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
52	9	26	hr. _____ min. _____

9. Birthplace Warsaw (City, town, or county)   Missouri (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

FATHER {
12. Name Edward F. Barnes

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

MOTHER {
14. Maiden name Nancy Templeton

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

16. (a) Informant Edward Barnes

(b) Address Sedalia, Mo.

17. (a) Burial   (b) Date thereof 11/5/46

(Burial, cremation, or removal)   (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director Geo Dillard

(b) Address Sedalia

19. (a) 11/4/46 (Date received local registrar)   (b) Betty Yeager Deputy   251

(Registrar's signature)

20. DATE OF DEATH: Month Nov. day 3 year 1946 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from as coroner Nov. 3, 1946, to _____, 19___ viewed

that I last saw h_____ alive on _____, 19___

and that death occurred on the date and hour stated above.

Immediate cause of death Alcoholic Cirrhosis of liver & Exposure   Duration 5 yr.

Due to Heavy Drinking for a period of 10 yrs.

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

134B

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? _____

While at work? _____ (e) Means of injury 21 (Specify type of place)

23. Signature W. K. L. Holzman (M.D. or other) D.O.

Address 315 W. Alg. Sedalia Mo. Date signed 11/3/46

coroner

(Licensed Embalmer's Statement on Reverse Side)

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 *L. F. Parker*

Licensed Embalmer No. **3840**

P. O. Address **610 West 3rd, Sedalia**
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.