. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 26 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37996

Registration District No. 293 Primary Registration District No. 4436 Registrar's No. 24

1. PLACE OF DEATH:
(a) County Ralls
(b) City or town New London
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓ 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ralls
(c) City or town New London
(If outside city or town limits, write "RURAL")
(d) Street No. ✓
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY JANE BARNARD
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F 1
5. Color or race W
6. (a) ~~Single,~~ widowed, ~~married,~~ ~~divorced~~ 21
6. (b) Name of husband or wife C. A. BARNARD
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased NOV. (Month) 23 (Day) 1860 (Year)

8. AGE:	Years	Months	Days	If less than one day
	85	10	9	hr. min.

9. Birthplace Ralls Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business ✓
FATHER
12. Name John Sterrett McCune
13. Birthplace Penn. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Winifred Ruth Nichols
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Harry Holman
(b) Address New London Mo.
17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Oct 2 1946 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Frankford, Mo.
18. (a) Signature of funeral director Fields and Son
(b) Address Frankford, Mo.
19. (a) 10-3-46 (Date received local registrar) (b) W. T. Waters (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30
year 1946 hour 7 minute a M.
21. I hereby certify that I attended the deceased from Jan 1, 1946 to Sept 30, 1946
that I last saw her alive on Sept 29, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	
Due to Old age	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93E

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 W. T. Waters (M. D. ~~or other~~)
Address New London Mo Date signed 10/3/46

(Licensed Embalmer's Statement on Reverse Side)

269

RECEIVED
District Health Officer No. 10
District File Number 10-46-2142
Date Filed NOV 25 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 Dore Fields Megaw

Licensed Embalmer No. 4093

P. O. Address Frankford Me.

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.