

FILED APR 1 1947

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 3015

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Clinton

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

(c) Name of hospital or institution: Eggy Hook  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days. (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED: Cadwell

(a) State Missouri (b) County Clinton

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

(d) Street No. 1/4 mile E. of Kerr Mo  
(If rural, give location)

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

3. (a) PRINT FULL NAME Robt. Haden Barnes

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 16 year 1947 hour \_\_\_\_\_ minute 1:05 A.M.

21. I hereby certify that I attended the deceased from 6 March 1947, to 16 March 1947 and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Katherine Barnes

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased May 15 1875  
(Month) (Day) (Year)

Immediate cause of death: Chronic Varicose heart disease

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: Pts. Douloureux  
(Include pregnancy within 3 months of death)

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

71 10 1 hr. \_\_\_\_\_ min.

9. Birthplace Clinton Co. Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Wilson Barnes

13. Birthplace No record Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Hattie Norris

15. Birthplace No record No record  
(City, town, or county) (State or foreign country)

16. (a) Informant Charlie Barnes

(b) Address Miracle MO

17. (a) Burial (b) Date thereof 3-18-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miracle

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director Poland Funeral Home

(b) Address Cameron

19. (a) 3-18-47 (b) Mrs. Willie James  
(Date received local registrar) (Registrar's signature)

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) (b) Means of injury 0

23. Signature J. H. Jones (M. D. or other) \_\_\_\_\_

Address Cameron, Mo Date signed 7 March 1947

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

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.....

*W. Nelson*

Licensed Embalmer No. *4421*

P. O. Address *Cameron,*

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.