

FILED MAY 2 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14735

Registration District No. 314

Primary Registration District No. 4459

Registrar's No.

1. PLACE OF DEATH:

(a) County St Clair

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community All of Life
years, months or days

3. (a) PRINT Eliza Ann Barnes
FULL NAME

3. (b) If veteran, No name war

3. (c) Social Security No

4. Sex Female 5. Color White race

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

6. (b) Name of husband or wife Asher Welton June

6. (c) Age of husband or wife if 9 alive 1858 years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: 88 Years 9 Months 21 Days _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unk own

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

14. Maiden name _____

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

16. (a) Informant Mollie Barnes

(b) Address Osceola Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-2-1947 (Month) (Day) (Year)

(c) Place: burial or cremation Osceola Cemetery

18. (a) Signature of funeral director F.B. Goodrich

(b) Address Osceola Missouri

19. (a) 4-24-47 (Date received local registrar) (b) Ruth Seavers (Registrar's signature) 304

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Clair 93

(c) City or town Osceola (If outside city or town limits, write "RURAL") 2

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1947 hour 10 minutes p M.

21. I hereby certify that I attended the deceased from 3-24, 1947, to 3-30, 1947,
that I last saw her alive on 3-27, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Duration 5 yrs.

Due to: _____

Due to: _____

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

Major findings: g3d

Of operations _____

Of autopsy _____

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? _____ (Specify type of place) (e) Means of injury 0

23. Signature T.H. Tangler, Jr. (M. D. or other) M.D.
Address Osceola, Mo. Date signed 4-1-47

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

3
2
0

RECEIVED
District Health Officer No. 7,
4-47-524
District File Number 5-1-47
Date Filed

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 *F. B. Goodrich*

Licensed Embalmer No. 3038

P. O. Address *Osceola 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.