

FILED MAY 19 1947

Registration District No. _____

Primary Registration District No. **3002**

Registrar's No. **82**

1. PLACE OF DEATH:

(a) County **Audrain**
(b) City or town **Mexico, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Audrain Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day**
(Specify whether years, months or days)
In this community **56 yrs**

3. (a) PRINT FULL NAME **Joseph Garrett Barnes**

3. (b) If veteran, name war **World war 1** 3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Jan 15 1891**
(Month) (Day) (Year)

8. AGE: Years **56** Months **4** Days **0** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Real Estate & Insurance**

11. Industry or business _____

MOTHER FATHER { 12. Name **Adam C. Barnes**
13. Birthplace **Ohio**
(City, town, or county) (State or foreign country)
14. Maiden name **Mamie B. Garrett**
15. Birthplace **Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Latney Barnes**
(b) Address **Mexico, Mo**

17. (a) **Burial** (b) Date thereof **May 17, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Elmwood**

18. (a) Signature of funeral director **Chas Arnold**
(b) Address **Mexico, Mo**

19. (a) **5/15/47** (b) **Blanche Keely**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Audrain**
(c) City or town **Mexico**
(If outside city or town limits, write "RURAL")
(d) Street No. **312 E. Jackson**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **15**
year **1947** hour **5** minute **30** A-M.

21. I hereby certify that I attended the deceased from **Jan 10** 1947, to **May 15** 1947.
that I last saw him alive on **May 14** 1947, and that death occurred on the date and hour stated above.

Immediate cause of death **cardiac coronary thrombosis myopericarditis chr.**
Due to _____

Due to **coronary sclerosis**

Other conditions **cardiac enlargement**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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 _____
23. Signature **R. L. Williams** (M. D. or other) **md**
Address **Mexico Mo** Date signed **5/15/47**

Duration **12 hrs**
few
years

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

SEP 23 1947

MAY 19 1947

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 Everett R. Head

Licensed Embalmer No. 4038

P. O. Address Mexico, 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.