

No. 2  
12-45  
17-28  
X47070

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16828

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

Registration District No. 61

Primary Registration District No. 4107

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Cedar  
(b) City or town El Dorado Spgs  
(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 \_\_\_\_\_ years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20  
(c) City or town El Dorado Spgs  
(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 EDWARD A BARNES

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 21 1874  
(Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days 22 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Cedar Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

MOTHER FATHER

12. Name William a. Barnes

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

14. Maiden name Lucilla C. Paris

15. Birthplace Adair Co Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Maud Galloway  
(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof May 13/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harrison Chapel

18. (a) Signature of funeral director Hester Funeral Home  
(b) Address El Dorado Spgs Mo

19. (a) 5/16/47 (b) J. C. Brannon  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13  
year 1947 hour 8 minute 35 PM

21. I hereby certify that I attended the deceased from May 6th 1947, to May 13 1947, that I last saw him alive on May 13 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration \_\_\_\_\_

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations §3A

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 2

23. Signature C. H. Sanderwitz (M.D. or other) DO  
Address El Dorado Spgs Date signed 5-16-47

RECEIVED  
District Health Officer No. 70  
5-4-7-206  
District File Number 6-9-42  
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 *George W. Nefes*  
Licensed Embalmer No. *2752*  
P. O. Address *El Dorado Spgs*

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.