

No. 2
12-45
17-39
X47070

FILED AUG 1 1947
Registration District No. **244**

Primary Registration District No. **3056**

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

1. PLACE OF DEATH:

(a) County **Randolph**
(b) City or town **Moberly**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
308 E. Reed
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Randolph**
(c) City or town **Moberly**
(If outside city or town limits, write "RURAL")
(d) Street No. **308 E. Reed**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Alice Barnes**

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

4. Sex **female** 5. Color or race **Negro**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Harrison Barnes**
6. (c) Age of husband or wife if alive **59** years
7. Birth date of deceased **March 10 1879**
(Month) (Day) (Year)

8. AGE: Years **68** Months **4** Days **0**
If less than one day hr. _____ min. _____

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

10. Usual occupation **housewife**

11. Industry or business _____

MOTHER FATHER

12. Name **Henry Murry**

13. Birthplace **Don't know**
(City, town, or county) (State or foreign country)

14. Maiden name **Don't know**

15. Birthplace **Don't know**
(City, town, or county) (State or foreign country)

16. (a) Informant **Harrison Barnes**

(b) Address **Moberly, Missouri**

17. (a) **burial** (b) Date thereof **7/12/1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oakland Cemetery**

18. (a) Signature of funeral director **John B. Patton**

(b) Address **Huntsville, Mo.**

19. (a) **July 12-47** (b) **Leah Williams**
(If received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **10**
year **1947** hour **1:00 A.M.** minute _____ M.

21. I hereby certify that I attended the deceased from **April 8,**
1947, to **July 6**, 19**47**
that I last saw her alive on **July 6**, 19**47**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerotic heart disease.** Duration **1 yr.**

Due to _____

Due to _____

Other conditions **cerebral hemorrhage**
(Include pregnancy within 3 months of death)

Major findings: Of operations **None**

Of autopsy **none**

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) **NO**

(b) Date of occurrence **none**

(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)
(c) Means of injury _____

23. Signature **Henry K. Baker** (M. D. or other) **M.D.**

Address **208 1/2 N. 4th, Moberly, Mo.** signed **July 14 1947**

RECEIVED
District Health Officer No. 10
District File Number 747-968
Date Filed JUL 30 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..... *Paul J. Patton*.....

Licensed Embalmer No. 4095

P. O. Address. Huntsville, M

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.