

FILED AUG 25 1947

Registration District No. 290

Primary Registration District No. 4427

State File No.

Registrar's No. 105

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Waynesville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Waynesville General
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 hrs.
(Specify whether years, months or days)
In this community 8 hrs.

3. (a) PRINT FULL NAME Winfred Herman Barnes

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mable Barnes 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased March 15 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 4 27 hr. min.

9. Birthplace Licking Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Dairy farming

12. Name Edwin Warner Barnes

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

14. Maiden name Flora Reed

15. Birthplace Licking Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mabel Barnes

(b) Address Licking Mo

17. (a) removal (b) Date thereof 8-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Byrne Creek Cem

18. (a) Signature of funeral director Smith & Ferguson

(b) Address Licking Mo

19. (a) Aug. 21, 1947 (b) Walter C. Backhouse
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas 107
(c) City or town Licking (rural)
(If outside city or town limits, write "RURAL")
(d) Street No. 1 mi. so. of city on highway 63
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12
year 1947 hour 10 minute 35 A.M.

21. I hereby certify that I attended the deceased from Aug 11, 1947, to Aug 12, 1947
that I last saw him alive on Aug 12, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Acute heart failure
Due to myocardial degeneration
Due to strangulated hernia
Other conditions 1228
(Include pregnancy within 3 months of death)

Major findings: Strangulated H. Hernia
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) —
Months of injury —

23. Signature Wm R. Smith (M. Does other)
Address Waynesville Mo Date signed 8/12/47

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 Embert E. Ferguson

Licensed Embalmer No. 3945

P. O. Address Licking 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.