FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40900

FILED DEC 29 1947

Registration District No. 47

Primary Registration District No. 1000

Registrar's No. 1492

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 110 S. 12th Street (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution not (Specify whether

In this community Most of lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph (If outside city or town limits, write "RURAL") 1

(d) Street No. 110 S.12th Street (If rural, give location) 7

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Curtis Reed (Sailor) Barnes

3. (b) If veteran, name war World War #1.

3. (c) Social Security No. 499-18-4351

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Pearl B. Barnes

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased July (Month) 9 (Day) 1892 (Year)

8. AGE: Years 55 Months 5 Days 9 If less than one day hr. min.

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

10. Usual occupation Night watchman

11. Industry or business Sun Mfg. Co.

FATHER

12. Name Thomas Barnes

13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

MOTHER

14. Maiden name Didamy Octavia Lyons

15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Mrs. Pearl B. Barnes

(b) Address 110 S.12th St.,St.Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec.20,1947 (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1946 Colhoun St.,St. Joseph,Mo.

19. (a) 12-22-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18th year 1947 hour 12: minute 15 P. M.

21. I hereby certify that I attended the deceased ~~from~~ on Dec 18, 1947 ~~on~~ on Dec 18, 1947 that I last saw him alive on Dec 18, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	1 hr 15 min
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Hypertensive cardio-vascular renal disease	Unknown

Major findings:
Of operations
Of autopsy

131 P

PHYSICIAN

Underline the cause of 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? (Specify type of place) 0

While at work? (e) Means of injury

23. Signature Wm Redmond (M. D. or other) M.D.

Address 309 Kirkpatrick Bldg, St Joseph Mo. Date signed 12/19/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

JAN 9 1948

JAN 16 1948

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. Elbert R. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.