. S. No. 2
OM—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 8 1948

Registration District No. 226

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6137

43938

State File No.

Registrar's No.

1. PLACE OF DEATH:
(a) County Shannon
(b) City or town Winonia (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: own home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community all life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Shannon 101
(c) City or town Winona (rural)
(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 Anda Harold Barnes
3. (b) If veteran, name war No
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 Anna Mae Barnes
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased June (Month) 19 (Day) 1891 (Year)

8. AGE: Years 55 Months 4 Days 25 If less than one day hr. min.

9. Birthplace Ellington (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name William Barnes
13. Birthplace (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Lura Copeland
15. Birthplace (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Mrs D. F. Norton
(b) Address St. Louis Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-4-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Zion
18. (a) Signature of funeral director Seaton Pewitt
(b) Address Van Buren Mo
19. (a) 12-28-47 (Date received local registrar) (b) Mabel Rosen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1
year 1947 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from Nov 28 1947 to Nov 30 1947
that I last saw him alive on Nov - 30 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Lobar Pneumonia	3 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 108	
Of autopsy	

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)
While at work? (e) Means of injury

23. Signature W. T. Eudy (M. D. ~~or other~~)
Address Emmenee, Mo. Date signed 12/3/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File No. 148-18
Date Filed 1-7-48

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 Chas. D. Pewitt, Registered Apprentice No. 11, working under my personal supervision.

Signed Seaton Pewitt

Licensed Embalmer No. 2287

P. O. Address Van Buren 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.