

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 17 1948

State File No.

44173

Registration District No.

Primary Registration District No. 4107

Registrar's No.

61

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Eldorado Springs, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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)

3. (a) PRINT FULL NAME MILLIE M. BARNES

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

4. Sex Female 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 July 29 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 4 11 hr. min.

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

10. Usual occupation House Wife

11. Industry or business

12. Name Henry Speer

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

14. Maiden name Shiley

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

16. (a) Informant Mrs. Jenny Hart

(b) Address Eldorado Springs, Missouri

17. (a) Burial (b) Date thereof Dec 11, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sandridge

18. (a) Signature of funeral director Wynn Carothers

(b) Address Eldorado Springs, Missouri

19. (a) 12-12-47 (b) J. B. Hanna
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
(c) City or town Eldorado Springs
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9
year 1947 hour 9 minute 0 M.

21. I hereby certify that I attended the deceased from Nov 20
1947 to Dec 9 1947
that I last saw him alive on Dec 9 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Goncho pneumonia allied complication

Due to Goncho pneumonia allied complication
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

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) (c) Means of injury

23. Signature L. T. Duryan (D. or other)
Address Eldorado Springs Date signed 12/12/47

RECEIVED
District Health Officer No. 7,
District File Number 1A-47-~~322~~
Date Filed 1-15-48

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.....

James E. Hackleman, Registered Apprentice No. *44*
working under my personal supervision.

Signed *Floyd C. Caruthers*
Licensed Embalmer No. *4419*

P. O. Address *Colorado Springs, AAZ*

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.